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PROVINCE OF MANITOBA



DEPARTMENT OF HEALTH

ANNUAL REPORT

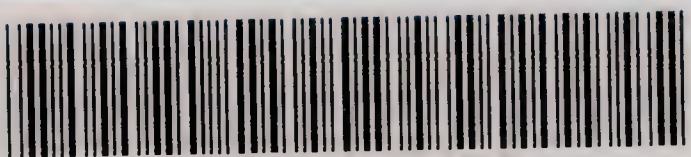
FOR THE CALENDAR YEAR

1963

WINNIPEG, MANITOBA.

Printed by R. S. Evans — Queen's Printer for Province of Manitoba

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To His Honour,

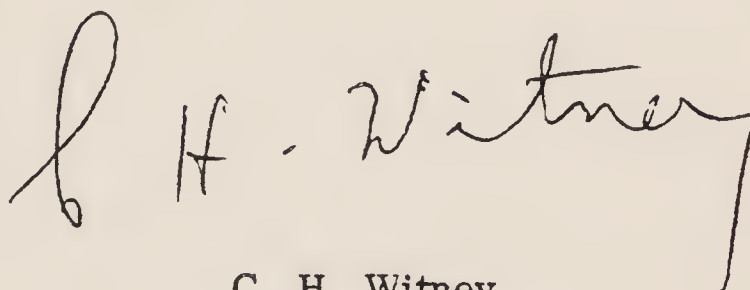
Errick F. Willis,

Lieutenant-Governor of the Province of Manitoba.

May It Please Your Honour:

The undersigned has the honour to submit herewith the
Annual Report of the Department of Health of the Province of
Manitoba for the Calendar Year 1963.

Respectfully submitted,

A handwritten signature in cursive script, reading "C. H. Witney". The signature is written in dark ink and is positioned above the printed name of the signatory.

C. H. Witney,
Minister of Health.

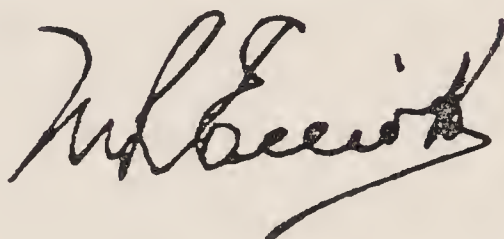
The Honourable C. H. Witney,

Minister of Health,

Sir:

I have the honour of presenting herewith the Annual Report of the Department of Health of the Province of Manitoba for the Calendar Year 1963, exclusive of the Manitoba Hospital Services Plan.

Your obedient servant,

A handwritten signature in dark ink, appearing to read 'M. R. Elliott', with a long horizontal flourish extending to the right.

M. R. Elliott, M. D., D. P. H.,
Deputy Minister of Health.

Winnipeg, Manitoba.
February 1964.



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DEPARTMENT OF HEALTH

ANNUAL REPORT

CALENDAR YEAR - 1963

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MANITOBA DEPARTMENT OF HEALTH
DIRECTORY OF DEPARTMENTAL OFFICERS

Minister
Honourable C. H. Witney

Deputy Minister of Health
M. R. Elliott, M. D., D. P. H.

GENERAL ADMINISTRATION

National Health Grants Program, Executive Assistant, C. A. Cameron
Health Education, Director, D. F. McLean, B. S. A.
Vital Statistics and Records, Recorder, D. W. Matheson
Rehabilitation Services, W. N. Boyd, B. A., M. S. W.

PSYCHIATRY

Psychiatric Institute, Medical Superintendent and Provincial Psychiatrist,
E. Johnson, M. D.
Farms' Manager, G. R. Chandler, B. Sc. A.
Hospital for Mental Diseases, Brandon, Medical Superintendent,
M. E. Bristow, M. D.
Hospital for Mental Diseases, Selkirk, Medical Superintendent,
R. H. Tavener, M. D.
Manitoba School, Portage la Prairie, Medical Superintendent,
H. S. Atkinson, M. D.
Broadway School, Supervisor, Miss E. B. Harrison

HEALTH

Health Services, Director, J. B. Morison, M. D., D. P. H.
Environmental Sanitation, Director, L. A. Kay, M. A., Sc., P. Eng.
Public Health Engineering, Director, L. A. Kay, M. A. Sc., P. Eng.
Food Control, Director, A. G. McLeod, B. Sc. A.
Industrial Hygiene, Public Health Chemist, W. M. Ward, B. A. (Chem.)
Public Health Inspection, Senior Sanitary Inspector, M. Flattery
Preventive Medical Services, Director, R. M. Creighton, M. D., D. P. H. (sick leave)
A/Director, E. Snell, L. R. C. P., D. P. H.
Care Services, Director, W. Watt, M. B., ; Ch. B.; D. P. H.
Public Health Nursing, Director, Miss Jessie Williamson, R. N., D. P. H.
Dental Services, Director, R. A. Connor, D. D. S., D. D. P. H.
Laboratory Services, Bacteriologist and Director, L. B. Lansdown, M. D.
Northern Health Services, Director, R. C. Rolfe, M. R. C. S., (England),
L. R. C. P. (London)

GENERAL ADMINISTRATION

NATIONAL HEALTH GRANTS PROGRAM

The National Health Grants program is designed to assist the provinces in the development, improvement and extension of health services and promote a working partnership between the Federal Government and the provinces for the advancement of health.

This program is supported by a series of nine types of grants-in-aid.

During the fiscal year, 1962-63, areas supported by health grants, and claims paid by the Federal Government, included:

Professional Training Grant	\$ 49,979.22
Hospital Construction Grant	825,065.96
Mental Health Grant	421,792.18
Tuberculosis Control Grant	165,951.89
Public Health Research Grant	56,799.41
General Public Health Grant	685,152.13
Cancer Control Grant	180,497.00
Medical Rehabilitation and Crippled Children Grant ...	108,599.29
Child and Maternal Health Grant	79,136.18
	<u>\$ 2,572,973.26</u>

The following outline indicates briefly the use made of our allotments under the various grants:

Professional Training Grant: Intended primarily for the training of health and hospital personnel who would use their additional skills in salaried positions in provincial health departments, hospitals, health and diagnostic units, municipal health departments, and in certain non-governmental agencies acting on behalf of a province.

A consolidated table on the assistance provided through the Professional Training, Mental Health and General Public Health Grant follows:

Trainees	Institutes	Short Courses	Extension Courses	Full Academic Year	
				Completed	On Course 31/12/63
Physicians	63	4		5	8
Nurses				19	35
Speech & Hearing Therapists				2	6
Hospital Administrators			4		
Physiotherapists					1
Public Health Engineers		3			
Chemists		1			
Occupational Therapists				1	
Psychiatric Social Worker				2	2
Teachers of Handicapped Children					2
Food and Milk Consultants		4			
Laboratory & X-Ray Technicians		2		41	38
Public Health Inspectors	86				3
Psychologists				4	3
Health Educators		1			
Dental Hygienists					3
	149	15	4	74	101

Hospital Construction Grant: Provided for the expansion and renovation of existing hospital buildings and the erection of new ones. Under the terms and conditions governing this Grant the province is obliged to make a contribution equal to that made by the federal government.

Grants Paid by Canada During Their Fiscal Year 1962/63

<u>Recipient</u>	<u>Amount</u>
Arborg Medical Nursing Unit	\$ 11,968.92
Dauphin General Hospital	55,070.70
Rockwood-Stonewall Medical Nursing Unit	15,735.90
Winnipeg General Hospital	57,045.31
Baldur Medical Nursing Unit	9,617.41
Rehabilitation Hospital	207,068.34
Hamiota Hospital	4,061.91
Manitoba School - Portage	159,000.00
Misericordia Hospital	85,842.50
Cancer Foundation	135,756.66
Children's Hospital	3,494.18
St. Boniface Health Unit	23,226.66
Roblin District Hospital	9,346.38
McCreary Medical Nursing Unit	18,549.16
King Edward Hospital	11,493.93
Victoria General Hospital	4,811.34
St. James Health Unit	12,976.66
	<u>\$ 825,065.96</u>

Grants Paid by Canada Between April 1st and December 15, 1963

<u>Recipient</u>	<u>Amount</u>
Dauphin General Hospital	\$ 29,358.03
Manitoba School - Portage	58,815.52
Misericordia Hospital	33,657.49
Cancer Foundation	67,878.33
St. Boniface Health Unit	23,226.67
Roblin District Hospital	4,673.18
Gilbert Plains Medical Nursing Unit	33,114.84
McCreary Medical Nursing Unit	11,357.69
King Edward Hospital	5,746.97
Victoria General Hospital	1,350.71
Crowe Memorial Hospital - Eriksdale	35,745.00
St. James Health Unit	13,650.00
Winnipeg General Hospital	35,914.35
Selkirk Psychiatric Institute	94,100.00
Altona District Hospital	52,862.57
Elkhorn Medical Nursing Unit	4,987.85
	<u>\$ 506,439.20</u>

Mental Health Grant: Used to promote those programs most likely to lead to improvement in treatment services provided for care of the mentally ill. Assistance was provided for the following purposes:

(1) Employment of additional staff and the purchase of equipment and supplies for the following hospitals and clinics:

Psychiatric Institute, Winnipeg
Manitoba School for Mentally Defective Persons, Portage la Prairie
Child Guidance Clinic of Greater Winnipeg
Brandon Hospital for Mental Diseases
Selkirk Hospital for Mental Diseases, and
Psychiatric Out-Patient Department at:
St. Boniface Hospital,
Children's Hospital, Winnipeg,
General Hospital, Winnipeg.

(2) To assist in the post-graduate training of psychiatrists through payment of honoraria to visiting lecturers and the purchase of textbooks;

(3) Training of mental health personnel;

(4) To finance the following projects in the field of mental health research:

- (a) Intensive Comparative Study of Chronic Schizophrenic Patients Who Respond Selectively to One Phenothiazine;
- (b) Chromosome Analyses and Sex Chromatin Studies of Mentally Retarded Patients;
- (c) Standard Statistical Methods for a Provincial Mental Hospital System - Research on their Development, Analysis, and Application;
- (d) Cortical Recovery Cycles in Mental Disease.

Tuberculosis Control Grant: Used in its entirety by the Sanatorium Board of Manitoba for medical and surgical services, training, rehabilitation, and other areas of importance in tuberculosis control.

Public Health Research Grant: Provided funds for the following studies:

- (1) Abnormal Electrocardiograms in Apparently Healthy People - Long-term Follow-up Study.
- (2) A Study of the Pathogenesis of Rh Immunization in Rh Negative Mothers.
- (3) The Use of Collagen and of Plastic Materials in Cardiovascular Surgery.
- (4) Oestriol Excretion in Relation to Placental Function.
- (5) A Study of the Amniotic Fluid in Rh Disease.
- (6) Pulmonary Ventilation/Perfusion Ratios in Cardio-Pulmonary Disease.
- (7) The Relationship Between Mental Health and Personality Characteristics in the Mennonite Community in Manitoba.
- (8) Hospital Disinfectants.
- (9) Studies of the Influence of Various Chemotherapeutic Agents on the Resistance to Air Flow in Children with Obstructive Bronchial Disease.
- (10) Rate of Scleral Stretch in Ocular Refraction.
- (11) Automatic Fraction Collector.

General Public Health Grant: Used to strengthen and improve existing programs and to extend services in various fields which are not covered by specific grants, including training of personnel.

Cancer Control Grant: Cancer control in Manitoba is vested with the Cancer Treatment and Research Foundation and the entire federal allotment of \$181,005.00 plus a larger contribution from the Province is used for the Foundation's program.

Medical Rehabilitation and Crippled Children Grant: Projects were approved for the following purposes:

(1) Assistance in the amount of \$57,700.00 for the Society for Crippled Children and Adults of Manitoba in furthering their program of development of better facilities for the rehabilitation of the physically handicapped. The Province will contribute \$53,200.00 toward this work.

(2) To assist in meeting the operating budget, after deduction of fees paid by students, of the University of Manitoba's School of Medical Rehabilitation. Cost to Canada for the academic year 1963/64 is estimated at \$30,000.00 with an equal amount being contributed by Manitoba.

(3) To provide 100% of the cost of equipment and 50% of the cost of salaries and other expenses of the Canadian Arthritis and Rheumatism Society for medical supervision, planning, and the development of mobile occupational and physiotherapy services in the rural parts of the Province. Total costs shareable between Canada and Manitoba is estimated at \$31,250.00.

(4) Payment of 50% of the estimated \$41,000.00 annual cost of the Winnipeg General Hospital's Home-Care Program. During the past year the saving in hospital and nursing home days has been approximately equivalent to full occupancy of 17 hospital and 34 nursing home beds.

(5) As an aftermath of the Thalidomide tragedy, the Federal Government made available to the provinces a special non-matching grant of \$200,000.00 to assist in the establishment of research and training centres related to the care of disabled persons. Three such centres have been established - one in Toronto, one in Montreal, and the one here in Winnipeg which is housed in the Rehabilitation Hospital and administered by the Sanatorium Board of Manitoba. The cost of equipping and maintaining our centre has been estimated at \$58,000.00 for the fiscal year 1963/64.

(6) To cover the cost of sending a specialist in Physical Medicine and a Research Prosthetist to various European centres to obtain up-to-date information on procedures used there in regard to habilitation of babies who have congenital anomalies associated with Thalidomide; and

(7) To defray 50% of the out-of-pocket expenses of Manitoba parents in their individual search for advice and counselling toward habilitation of their own children who have congenital malformations. Manitoba sustained the balance of the costs.

Child and Maternal Health Grant: Projects were approved for the following purposes:

(1) Assistance in the organization of pre-natal classes through payment of stipends to the instructors and the purchase of equipment and teaching aids;

(2) Maintenance of a registry of Winnipeg school children who have major handicapping conditions;

(3) Employment of a director and three transfusion officers to provide a co-ordinated and uniform transfusion service to babies suffering from haemolytic diseases of the newborn;

- (4) Payment of the salaries and expenses of seven staff members of this Department who are engaged in preventive dentistry in rural Manitoba and the purchase of equipment and supplies used in their clinics; and
- (5) Financing the following research:
- (a) A study of intrauterine, natal and neonatal deaths; and
 - (b) The assessment of the value of procedures to detect the foetal electrocardiograms during the second stage of labour; and
- (6) Study of maternal mortality in an effort to reduce maternal losses.

HEALTH EDUCATION

Working in close liaison with all branches of the department, this section is geared to keep the public informed on facilities and health services available, and develop programs in health education.

This is accomplished through:

- distribution of press releases, television and radio material and liaison with publicity outlets.
- distribution of public health films available free of charge from a film library of approximately 1,000 films.
- distribution of pamphlets and posters free of charge.
- provision of mimeographing service to all branches of the department.
- art services which involves the planning and art work required for publications, posters, display charts, graphs and T. V. graphics.
- nutrition consulting service to all sections of the health department and allied agencies in the public health field.
- active participation in community health education by highly trained health educators stationed in the field.

Highlights of activities during 1963 included:

- production of a poison control pamphlet in co-operation with the Poison Control Centre at the Winnipeg Children's Hospital followed by a concerted effort to place one of these pamphlets in each household in the province. Distribution was channelled through local health units, the City Health Department, the Manitoba Pharmaceutical Association and the Manitoba Rural Safety Committee.
- Initiation, organization and liaison with respect to the production of a departmental 29-week maternal and child health television series on the western C. T. V. network.
- Establishment of permanent health education material display centres in some 20 drugstores throughout Manitoba in co-operation with the Manitoba Pharmaceutical Association.
- Establishment of a child safety traffic program, "Elmer Program", sponsored by the National Safety League, in six City of Winnipeg schools, all schools in St. James, two in West Kildonan and schools in Neepawa and Selkirk. Objectives are to encourage all schools in Metro Winnipeg to accept this program. Direct contact with individual schools is made through the traffic division of the local police department.

- Co-operated with the Department of Mines and Natural Resources personnel in arranging three fish quality educational sessions with fishermen in Lake Winnipeg commercial fishing areas. Posters concerning fish quality are under production and will be posted on lake stations by conservation officers.
- Heavily involved on School Curriculum Revision Committee concerning health education. Plans are to have some revision ready to go into effect in the 1964-65 school term.
- Responsibility for organizing and co-ordinating annual Summer School Workshop in Winnipeg. This course runs over a four-week period and in 1963 was attended by 32 elementary school teachers.
- Courses for baby sitters in rural areas, developed as part of an accident prevention program aimed at preventing accidents in two most susceptible age groups in Manitoba - the 1 - 6 year olds and 9 - 15 year olds.

Series of nine sessions were held in each of two communities - a total of 97 girls received certificates.

- Venereal Disease education, in rural health unit in co-operation with Home, School and Community, -- a film on Venereal Disease was shown and medical and nursing personnel supplied as discussants for some 1,000 high school students.

Response - positive. Plans for continuing and developing program have been made.

- Poison Control training program for staff in rural hospitals carried out to familiarize staff with the Seeley Wheel, report forms and Toxicology tests carried out.

Film - "One Day's Poison" used for each group.

- Foodhandling courses for restaurant personnel and catering groups in rural communities.
- Family Life education in co-operation with Home Economists to provide films, aids and speakers for 4-H campers, in physiology and hygiene at puberty.

NUTRITION SERVICES

With the formation of the new Care Services Section in the Department of Health, general nutritional services have had to be curtailed to some extent and more time spent in servicing nursing homes from a nutritional point of view under the Care Service program.

Some thirty nursing homes in the Metropolitan area (Winnipeg) have been visited by our Senior Nutritionist with respect to nutritional standards. As of January 1st, the Junior Nutritionist will be seconded full time to Care Services. The major part of her work will involve nursing homes. This will release our Senior Nutritionist to continue with general nutritional projects and consultative work throughout the province.

Mimeographing Services

Mimeographing services provided by Health Education continues to be in constant demand by the Health, Welfare and some other departments. Printing jobs over the past year show an increase over 1962 of 328 printing jobs, totalling 931 orders. This involved 2,684 stencils and 570,736 sheets of paper.

This section of our operation provides an extremely important service to all concerned.

Art Services

An increase in activities in publications and the television field have naturally placed greater demands on our Art Section. Over the past year, 96 major projects were completed.

Statistically this involved:

- 15 - pamphlets
- 4 - certificates
- 14 - cover designs
- 3 - logos
- 18 - poster design
- 4 - presentation folder
- 18 - spot illustrations
- 9 - T. V. graphics
- 6 - Letterhead design
- 2 - annual reports
- 3 - promotional campaigns

Films

Educational films in Health supplied to the community form an integral part of school and community educational programs. With the inception of the Health Education Bureau, demands for films have necessitated an annual increase in the size of the library until today some 900 films are available to the public. Rate of use has been relatively constant over the past two or three years, with 1963 statistics indicated below.

January - December, 1963

	<u>Attendance</u>	<u>Showings</u>	<u>Speakers</u>
Films	208, 200	5, 520	3, 321
Filmstrips	6, 659	236	217
Number of films processed	5, 291		
Number of bookings	3, 178		

VITAL STATISTICS

Vital statistics concerning the people of Manitoba are systematically collected and recorded by the Vital Statistics section.

Four basic functions are performed by this section.

1. Births, stillbirths, deaths and marriages are registered and permanently preserved.
2. Certificates on births, deaths, and marriages are issued on request.
3. Vital statistics data are tabulated, maintained and reported.
4. The Vital Statistics and Marriage Acts are administered by this section.

The Division receives weekly from the various 267 local and district registrars located throughout the Province, registrations of birth, stillbirth, death and marriage. These registrations are checked for accuracy, queried if necessary, individually numbered, coded and microfilmed, all under a system which is standard in all Canadian Provinces. A microfilm image of all original

registrations is sent to the Dominion Bureau of Statistics in Ottawa for their tabulation and statistical use.

The Province of Manitoba has had registration of births, deaths and marriages since early in 1882 under governmental authority. This Division also has in our archives various Church records of baptisms, burials and marriages for different religious denominations from 1812.

Summary of Births, Stillbirths, Deaths, Marriages

There were registered during the year 1963: 23,019 live births, 341 stillbirths, 7,969 deaths and 6,694 marriages. Also recorded were 683 adoptions, 320 legal changes of name, 482 dissolutions of marriage, 11 marriage annulments, 877 delayed registrations of birth and 8,737 free verifications of vital events to various Governmental Departments and private agencies.

Births (excluding Stillbirths), Marriages and Deaths - Manitoba, 1963 with Rates per 1,000 Population

	<u>1963</u>		<u>1962</u>		<u>1961</u>	
	<u>Number</u>	<u>Rate</u>	<u>Number</u>	<u>Rate</u>	<u>Number</u>	<u>Rate</u>
<u>Live Births:</u>						
White	21,371	23.1	21,728	23.7	21,980	24.5
Indian	1,648	63.4	1,541	59.3	1,526	61.0
All	23,019	24.2	23,269	24.6	23,506	25.5
<u>Marriages:</u>						
White	6,581	7.1	6,240	6.8	6,381	7.1
Indian (on Reserves)	113	4.3	114	4.4	131	5.2
All	6,694	7.0	6,354	6.7	6,512	7.1
<u>Deaths:</u>						
White	7,661	8.3	7,249	7.8	7,163	8.0
Indian	308	11.8	284	10.9	244	9.8
All	7,969	8.4	7,533	8.0	7,407	8.0

1963 Estimated Census Population Figures

White	924,000
Indian	26,000
All	950,000

Indian Population Figures Estimated from Indian Affairs Branch, Winnipeg.

Deaths in Manitoba by Age, Sex and Race
(The total of each group compared with 1962 and 1961)

	<u>White</u>		<u>Indian</u>		<u>All</u>	<u>All</u>	<u>All</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>1963</u>	<u>1962</u>	<u>1961</u>
1 sex undetermined							
Under 1 Year	250	203	69	56	579	617	598
1 - 4 Years	49	37	18	9	113	110	95
5 - 14 Years	45	22	11	1	79	84	84
15 - 24 Years	88	41	7	7	143	127	102
25 - 44 Years	209	148	11	11	379	379	357
45 - 64 Years	913	541	13	17	1,484	1,447	1,413
65 - 79 Years	1,823	1,153	17	22	3,015	2,763	2,900
80 Years & Over	1,119	1,018	24	15	2,176	2,005	1,858
Not Stated	1	-	-	-	1	1	-
1 sex undetermined							
Totals	4,497	3,163	170	138	7,969	7,533	7,407

Ten Leading Causes of Death

<u>Cause</u>	<u>Number</u>	<u>Rate</u>
1. Heart Disease	2,453	258.2
2. Cancer (malignant neoplasms)	1,431	150.6
3. Vascular lesions affecting central nervous system	878	92.4
4. Pneumonias	573	60.3
5. Accidents	450	47.4
6. Birth injuries, postnatal asphyxia and atelectasis	148	15.6
7. Arteriosclerosis	135	14.2
8. Hypertensive Disease	133	14.0
9. Congenital Malformations	127	13.4
10. Diabetes Mellitus	90	9.5

	<u>1963</u>	<u>1962</u>	<u>1961</u>
<u>Live Births:</u>			
White	21,052	21,438	21,707
Half-Breed	319	290	273
Non-Treaty Indian	273	250	222
Treaty Indian	1,375	1,291	1,304
All	23,019	23,269	23,506

	<u>1963</u>	<u>1962</u>	<u>1961</u>
<u>Deaths:</u>			
White	7,600	7,209	7,111
Half-Breed	61	40	52
Non-Treaty Indian	37	38	33
Treaty Indian	271	246	211
All	7,969	7,533	7,407
<u>Stillbirths:</u>			
White	299	295	312
Half-Breed	3	2	5
Non-Treaty Indian	9	5	3
Treaty Indian	30	29	34
All	341	331	354

Deaths of Children Under One Year of Age
By Cause and Age - Manitoba 1963

	<u>Under 7 Days</u>	<u>7 - 28 Days</u>	<u>Over 28 Days to 1 Yr.</u>	<u>Under 1 Yr.</u>
<u>White:</u>				
Lower respiratory (480-483, 490-493, 500-502, 763)	11	4	35	50
Immaturity (774-776)	51	-	-	51
Congenital malformations (750-759)	30	7	35	72
Birth Injuries (760-761)	69	2	1	72
Asphyxia and atelectasis (762)	52	3	5	60
Gastro-intestinal (543, 571-2, 764)	-	1	13	14
Ill-defined (773, 795)	56	2	2	60
Other	22	9	44	75
Totals	291	28	135	454
<u>Indian:</u>				
Lower respiratory (480-483, 490-493, 500-502, 763)	3	1	48	52
Immaturity (774-776)	7	-	1	8
Congenital malformations (750-759)	1	1	5	7
Birth Injuries (760-761)	9	1	-	10
Asphyxia and atelectasis (762)	6	-	-	6
Gastro-intestinal (543, 571-2, 764)	-	-	13	13
Ill-defined (773, 795)	4	-	6	10
Other	2	2	15	19
Totals	32	5	88	125
White and Indian Totals	323	33	223	579

ABBREVIATED LIST OF FIFTY CAUSES

Number of deaths and rates per 100,000 population - Manitoba 1963 White & Indian

Abbreviated List	Detailed List Nos.	Cause Groups	White incl. Half-Breed		Indian		Totals	
			Number	Rate	Number	Rate	Number	Rate
B 1	001-019	All Tuberculosis	(33)	(3.6)	(9)	(34.6)	(42)	(4.4)
B 2	001-008	Tuberculosis of respiratory system	27	2.9	4	15.4	31	3.3
B 3	010-019	Tuberculosis, other forms	6	0.6	5	19.2	11	1.2
B 4	020-029	Syphilis and its' sequelae	6	0.6	-	-	6	0.6
B 5	040	Typhoid fever	-	-	-	-	-	-
B 6	043	Cholera	-	-	-	-	-	-
B 7	045-048	Dysentery, all forms	-	-	-	-	-	-
B 8	050, 051	Scarlet fever and streptococcal sore throat	-	-	-	-	-	-
B 9	055	Diphtheria	3	0.3	-	-	3	0.3
B 10	056	Whooping cough	1	0.1	2	7.7	3	0.3
B 11	057	Meningococcal infections	4	0.4	-	-	4	0.4
B 12	058	Plague	-	-	-	-	-	-
B 13	080	Acute poliomyelitis	-	-	-	-	-	-
B 14	084	Smallpox	-	-	-	-	-	-
B 15	085	Measles	2	0.2	4	15.4	6	0.6
B 16	100-108	Typhus and other rickettsial diseases	-	-	-	-	-	-
B 17	110-117	Malaria	-	-	-	-	-	-
	030-039, 041, 042, 044-9, 052-054, 059-074, 081-083, 086, 096, 120-138	All other diseases classified as infective and parasitic	17	1.8	7	26.9	24	2.5
B 18	140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	1,408	152.4	23	88.5	1,431	150.6
	(202, 203, 205, 140-200)	Cancer, excluding Hodgkins Disease, leukaemia and aleukaemia	(1,313)	(142.1)	(22)	(84.6)	(1,335)	(140.5)
	(201)	Hodgkins Disease	(24)	(2.6)	-	-	(24)	(2.5)
	(204)	Leukaemia and aleukaemia	(71)	(7.7)	(1)	(3.8)	(72)	(7.6)
B 19	210-239	Benign and unspecified neoplasms	22	2.4	2	7.7	24	2.5
B 20	260	Diabetes Mellitus	90	9.7	-	-	90	9.5
B 21	290-293	Anaemias	12	1.3	-	-	12	1.3
B 22	330-334	Vascular lesions affecting central nervous system	869	94.0	9	34.6	878	92.4
B 23	340	Nonmeningococcal meningitis	8	0.9	1	3.8	9	0.9
B 24	400-402	Rheumatic fever	4	0.4	-	-	4	0.4
B 25	410-416	Chronic rheumatic heart disease	64	6.9	-	-	64	6.7
B 26	420-422	Arteriosclerotic and degenerative heart disease	2,309	249.9	27	103.8	2,336	245.9
B 27	430-434	Other diseases of the heart	112	12.1	5	19.2	117	12.3

ABBREVIATED LIST OF FIFTY CAUSES

Number of deaths and rates per 100,000 population - Manitoba 1963 White & Indian

Abbreviated List	Detailed List Nos.	Cause Groups		White incl. Half-Breed		Indian		Totals	
		Cause Groups		Number	Rate	Number	Rate	Number	Rate
B28	440-443	Hypertension with heart disease		100	10.8	2	7.7	102	10.7
B29	444-447	Hypertension without mention of heart disease		31	3.4	-	-	31	3.3
	(450)	Arteriosclerosis		(134)	(14.5)	(1)	(3.8)	(135)	(14.2)
B30	480-483	Influenza		78	8.4	8	30.8	86	9.1
B31	490-493	Pneumonia		490	53.0	65	250.0	555	58.4
B32	500-502	Bronchitis		71	7.7	2	7.7	73	7.7
B33	540-541	Ulcer of stomach and duodenum		34	3.7	2	7.7	36	3.8
B34	550-553	Appendicitis		6	0.6	-	-	6	0.6
B35	560, 561, 570	Intestinal obstruction and hernia		75	8.1	1	3.8	76	8.0
B36	543, 571, 572	Gastritis, duodenitis, enteritis and colitis except diarrhoea of the newborn		35	3.8	15	57.7	50	5.3
B37	581	Cirrhosis of liver		62	6.7	1	3.8	63	6.6
B38	590-594	Nephritis and nephrosis		41	4.4	4	15.4	45	4.7
B39	610	Hyperplasia of prostate		25	2.7	-	-	25	2.6
B40	640-652, 660, 670-689	Complications of pregnancy, childbirth and the puerperium		7	0.8	3	11.5	10	1.1
B41	750-759	Congenital malformations		118	12.8	9	34.6	127	13.4
B42	760-762	Birth injuries, postnatal asphyxia and atelectasis		132	14.3	16	61.5	148	15.6
B43	763-768	Infections of the newborn		17	1.8	4	15.4	21	2.2
B44	769-776	Other diseases peculiar to early infancy and immaturity							
		unqualified		127	13.7	18	69.2	145	15.3
B45	780-795	Senility without mention of psychosis, ill-defined and unknown causes		20	2.2	12	46.2	32	3.4
B46	Residual	All other diseases		727	78.7	14	53.8	741	78.0
"E" Code	Alternative Classification of Accidents, Poisoning & Violence (External Causes)								
BE47	E810-E835	Motor vehicle accidents		166	18.0	11	42.3	177	18.6
BE48	E800-E802, E840-E962	All other accidents		245	26.5	28	107.7	273	28.7
BE49	E963, E970-E979	Suicide and self-inflicted injury		77	8.3	3	11.5	80	8.4
BE50	E964-E965, E980-E999	Homicide and operations of war		13	1.4	1	3.8	14	1.5
"N" Code	Alternative Classification of Accidents, Poisonings & Violence (Nature of Injury)								
BN47	N800-N829, N850-N869	Fractures, head injuries and internal injuries		302	32.7	19	73.1	321	33.8
BN48	N940-N949	Burns		22	2.4	2	7.7	24	2.5
BN49	N960-N979	Effects of poisons		47	5.1	2	7.7	49	5.2
BN50	N830-N848, N870-N936, All other injuries			130	14.1	19	73.1	149	15.7
	N950-N959, N980-N999								

DEATHS DUE TO DISEASES OF THE CIRCULATORY SYSTEM
MANITOBA - 1963

<u>White:</u>	<u>Under 45</u>	<u>45-64</u>	<u>65-79</u>	<u>80 & Over</u>	<u>Male</u>	<u>Female</u>	<u>All</u>
Rheumatic fever (400-402)	1	2	-	1	3	1	4
Chronic rheumatic heart disease (410-416)	12	29	20	3	22	42	64
Arteriosclerotic & degenerative heart disease (420-2)	38	443	1,107	721	1,480	829	2,309
Other diseases of heart (430-434)	6	27	39	40	71	41	112
Hypertensive disease (440-7)	4	25	55	47	51	80	131
Diseases of arteries (450-6)	1	18	87	107	106	107	213
Disease of veins & other diseases of circulatory system (460-8)	1	15	49	21	50	36	88
<u>Associated Conditions:</u>	<u>33</u>	<u>146</u>	<u>410</u>	<u>394</u>	<u>478</u>	<u>505</u>	<u>983</u>
Vascular lesions affecting central nervous system (330-334)	22	119	355	373	423	446	869
Chronic nephritis (592)	7	7	5	5	19	5	24
Diabetes Mellitus (260)	4	20	50	16	36	54	90
Totals	96	705	1,767	1,334	2,261	1,641	3,902
<u>Indian:</u>							
Rheumatic fever (400-402)	-	-	-	-	-	-	-
Chronic rheumatic heart disease (410-416)	-	-	-	-	-	-	-
Arteriosclerotic & degenerative heart disease (420-2)	-	4	11	12	18	9	27
Other diseases of heart (430-4)	1	-	-	4	3	2	5
Hypertensive disease (440-447)	-	-	2	-	-	2	2
Diseases of arteries (450-6)	-	-	-	1	1	-	1
Diseases of veins & other diseases of circulatory system (460-8)	-	1	-	-	-	1	1
<u>Associated Conditions:</u>	<u>1</u>	<u>3</u>	<u>2</u>	<u>5</u>	<u>4</u>	<u>7</u>	<u>11</u>
Vascular lesions affecting central nervous system (330-334)	-	2	2	5	4	5	9
Chronic nephritis (592)	1	1	-	-	-	2	2
Diabetes Mellitus (260)	-	-	-	-	-	-	-
Totals	2	8	15	22	26	21	47
White & Indian Totals	98	713	1,782	1,356	2,287	1,662	3,949

DEATHS DUE TO MALIGNANT NEOPLASMS SHOWING MAIN SITES
MANITOBA - 1963

	<u>Under 45</u>	<u>45- 64</u>	<u>65& Over</u>	<u>Male</u>	<u>Female</u>	<u>All</u>
Buccal cavity and pharynx (140-148)	1	6	12	14	5	19
Digestive organs & peritoneum (150-9)	19	135	354	299	209	508
Respiratory system (160-165)	11	78	135	195	29	224
Breast (170)	12	61	45	-	118	118
Uterus (171-174)	9	23	27	-	59	59
Female genital organs (175-176)	6	29	23	-	58	58
Male genital organs (177-179)	2	8	87	97	-	97
Urinary organs (180-181)	1	20	65	57	29	86
Skin (190-191)	3	4	10	10	7	17
Eye (192)	1	-	1	1	1	2
Brain (193)	26	14	7	24	23	47
Others (194-199)	8	11	29	20	28	48
Neoplasms of lymphatic & haematopoietic tissues (200-205)	33	36	79	80	68	148
Totals	132	425	874	797	634	1,431

DEATHS FROM MALIGNANT NEOPLASMS ACCORDING TO
AREA OF RESIDENCE - MANITOBA, 1963

	<u>Male</u>	<u>Female</u>	<u>All</u>
Brandon C.	29	22	51
Portage la Prairie C.	9	6	15
St. Boniface C.	27	27	54
Winnipeg C.	278	228	506
St. James C.	27	24	51
East Kildonan C.	22	19	41
West Kildonan C.	18	26	44
St. Vital C.	25	18	43
Transcona C.	7	8	15
Towns & Villages (1,000 plus population)	84	69	153
Urban Municipalities	11	7	18
Rural Municipalities	201	136	337
Local Government Districts	19	23	42
Unorganized Territory	9	3	12
Indian Reserves	8	8	16
Outside Manitoba	23	10	33
Totals	797	634	1,431

DEATHS FROM TUBERCULOSIS BY AGE, SEX AND TYPE
AMONG WHITE, HALF-BREED AND INDIAN - MANITOBA - 1963

	<u>Under 25</u>		<u>25 - 64</u>		<u>65 & Over</u>		<u>All</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
<u>White:</u>							
Respiratory (001-8)	-	-	6	4	10	7	27
Other (010-019)	-	1	2	2	-	1	6
<u>Half-Breed:</u>							
Respiratory (001-8)	-	-	-	-	-	-	-
Other (010-019)	-	-	-	-	-	-	-
<u>Indian:</u>							
Respiratory (001-8)	1	1	1	1	-	-	4
Other (010-019)	2	-	1	-	2	-	5
Totals	3	2	10	7	12	8	42

DEATHS FROM TUBERCULOSIS ACCORDING TO
AREA OF RESIDENCE - MANITOBA - 1963

	<u>Male</u>	<u>Female</u>	<u>All</u>
Brandon C.	-	-	-
Portage la Prairie C.	-	-	-
St. Boniface C.	-	-	-
Winnipeg C.	7	8	15
St. James C.	-	1	1
East Kildonan C.	-	-	-
West Kildonan C.	-	1	1
St. Vital C.	-	-	-
Towns & Villages (1,000 plus population)	2	-	2
Urban Municipalities	-	1	1
Rural Municipalities	7	3	10
Local Government Districts	-	-	-
Unorganized Territory	1	-	1
Indian Reserves	6	1	7
Outside Manitoba	2	2	4
Totals	25	17	42

NUMBER OF DEATHS DUE TO MOTOR VEHICLE ACCIDENTS
AND OTHER ACCIDENTS - MANITOBA 1954 - 1963

<u>Year</u>	<u>Motor Vehicle Accidents</u>	<u>Other Accidents</u>	<u>Total Accidents</u>
1954	132	296	428
1955	108	294	402
1956	159	266	425
1957	163	301	464
1958	132	267	399
1959	153	271	424
1960	142	269	411
1961	160	289	449
1962	156	282	438
1963	177	273	450

1954-1960 Dominion Bureau of Statistics figures
1961-1963 Vital Statistics final figures

Infant Mortality:

There were 579 infant deaths registered in 1963 giving an infant death rate of 25 per thousand live births.

Rates per 1,000 Live Births - Manitoba 1944-1963

1944	49	1949	41	1954	29	1959	27
1945	48	1950	35	1955	31	1960	30
1946	47	1951	33	1956	31	1961	25
1947	46	1952	31	1957	32	1962	27
1948	41	1953	35	1958	30	1963	23

1944-1961 Dominion Bureau of Statistics figures.

1962-1963 Vital Statistics final figures.

For purposes of statistical analysis, stillbirths are not included with live births and, therefore, do not enter in the calculations of "Infant Mortality".

Maternal Mortality:

There were 10 maternal deaths registered in 1963 giving a maternal death rate of 0.4 per thousand live births.

	<u>White and Half-Breed</u>	<u>Indian</u>	<u>All</u>
Pyelitis & pyelonephritis of pregnancy (640)	-	-	-
Other infections of genito-urinary tract during pregnancy (641)	-	-	-
Toxaemias of pregnancy (642)	1	-	1
Placenta praevia (643)	-	-	-
Other haemorrhage of pregnancy (644)	-	-	-
Ectopic pregnancy (645)	2	-	2
Pregnancy with malposition of foetus in uterus (647)	-	-	-
Other complications arising from pregnancy (648)	-	-	-
Pregnancy associated with other conditions (649)	-	-	-
Abortion (650-652)	1	-	1
Delivery without complication (660)	-	-	-
Delivery with specified complications (670-678)	1	3	4
Complications of the puerperium (680-689)	2	-	2
Totals	7	3	10
Number per 1,000 live births	0.3	1.8	0.4

Maternal wastage is usually measured by the ratio of deaths from puerperal causes to every 1,000 children born alive each year. The maternal death rate in Manitoba for the year 1963 is 0.4.

REVENUE FROM CERTIFICATES ISSUED BY DIVISION OF
VITAL STATISTICS - 1959 to 1963 INCLUSIVE

<u>Sources of Revenue</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Birth Certificates	\$ 22,004.25	\$ 23,371.75	\$ 23,307.00	\$ 24,237.00	\$ 25,081.50
Death Certificates	1,969.50	2,168.25	2,217.00	2,316.75	2,304.00
Marriage Certificates	2,386.50	2,601.75	2,429.25	2,744.25	3,087.75
Paid Searches Made	15,983.25	17,057.75	16,969.00	17,491.50	17,978.75
Marriage Licences	22,340.00	21,595.00	21,949.00	21,652.00	22,718.00
Special Authorizations	795.00	865.00	815.00	765.00	770.00
Late Registrations	964.00	913.00	866.00	933.00	887.00
Corrections of Records	948.00	1,009.00	929.00	1,023.00	1,093.00
Legitimations	91.00	114.00	121.00	126.00	139.00
Adoptions	638.00	565.00	445.00	580.00	585.00
Miscellaneous	4,982.70	6,235.66	5,416.58	5,641.39	5,243.35
Totals	\$ 73,102.20	\$ 76,496.16	\$ 75,563.83	\$ 77,509.89	\$ 79,887.35

REVENUE FROM CERTIFICATES ISSUED BY
DIVISION OF VITAL STATISTICS - 1963

<u>Sources of Revenue</u>	<u>Number</u>	<u>Revenue</u>
Birth Certificates	33,442	\$ 25,081.50
Death Certificates	3,072	2,304.00
Marriage Certificates	4,117	3,087.75
Paid Searches	35,978	17,978.75
Marriage Licences	5,434	22,518.00
Special Authorizations	154	770.00
Late Registrations	887	887.00
Corrections of Records	1,093	1,093.00
Legitimations	139	139.00
Adoptions Registered	585	585.00
Certified Copies	664	1,078.25
Photostatic Copies	8	13.50
Dispensation of Banns	50	200.00
Money Order Commissions	-	136.74
Fees for Microfilm	-	3,793.70
Disinterment and Re-Burial Permits	61	122.00
Miscellaneous (Actual)	-	99.16
Total Revenue	-	\$ 79,887.35

REHABILITATION SERVICES

Co-ordination of voluntary agencies in the rehabilitation field is the main function of rehabilitation services.

Programs are designed to assist all physically and mentally disabled children and adults in Manitoba in attaining their fullest physical, mental, social, educational and occupational usefulness within the limitations of their handicap.

Services include:

1. Medical restoration, involving any medical, surgical, or psychiatric procedure necessary to eliminate or reduce the handicapping condition.
2. Provision of braces, crutches, artificial limbs and other prosthetic appliances, and training in the use of these appliances.
3. Counselling, academic training, vocational testing, pre-vocational education, vocational training, job placement and follow-up.

Agencies concerned:

1. Canadian National Institute for the Blind
2. Workmen's Compensation Board
3. Sanatorium Board of Manitoba
4. Indian Rehabilitation Program
5. Society for Crippled Children and Adults of Manitoba.

These agencies co-ordinate on behalf of disabled individuals, various services available in other agencies. This ensures that all facilities are utilized in the most effective manner, and reduce duplication of effort.

No physically disabled person in Manitoba need go without service because of inability to pay.

A major development in the Rehabilitation field was the construction of the Manitoba Rehabilitation Hospital in 1961.

This hospital is the most modern and complete of its kind on the Continent and is designed to provide a comprehensive physical restoration service. It is operated on behalf of the Department of Health by the Sanatorium Board of Manitoba. The in-patient and out-patient services are provided without cost to the general public. To ensure that the services of this new facility would be used in the most effective manner possible, representatives from the Hospital and many Government and Community Agencies periodically meet to evaluate and strengthen working arrangements. The Hospital has been in operation for almost two years and the beneficial effects are becoming readily apparent. In many individual cases the degree of disability has been greatly reduced and in addition, it is now possible to obtain a more realistic appraisal of the individual's working capacity. In the past this was difficult and in many instances impossible to obtain.

This year the Manitoba School of Medical Rehabilitation will graduate its second class of physiotherapists and occupational therapists. The establishment of this School in Manitoba was most timely considering other developments in physical medicine in our province. Without this School it would be impossible to ensure a continuing supply of qualified therapists for the Rehabilitation Hospital and the physical medicine departments of some of our active and extended treatment hospitals and mental hospitals.

In 1963 through the aforementioned five agencies over 3,000 children and adults were accepted for service. They were assisted in obtaining services ranging from a single counselling session to comprehensive medical treatment, provision of prosthetic appliances, vocational training and job placement. In addition, fifty mentally handicapped persons were served from a rehabilitation standpoint through the division of psychiatry.

An analysis of 250 adult cases placed into competitive employment during the year clearly indicates the economic benefits of rehabilitation -

Total annual earnings	\$ 500,000
Estimated annual payment to Income Tax	31,000
Cost of service for the 250 cases	100,000
Estimated provincial and municipal Welfare savings	62,000

These statistics tell only the most dramatic part of the story. Many hundreds of disabled persons were rehabilitated to sheltered employment, homebound employment and self care. In addition, many disabled children have been helped to take the maximum advantage of available educational services to equip them for greater independence in their adult life.

To date our efforts have been directed primarily to the physically disabled. It is apparent that the same process which has been applied successfully to the physically disabled can be used with equally good results in the rehabilitation of the mentally retarded and mentally ill. In the past year the following positive steps have been taken in this direction.

(i) Re: The Mentally Retarded.

Fourteen years ago a program directed towards the rehabilitation of mentally retarded girls was established, centered in the "Broadway Home for Girls".

This operation functions as a half-way house between the Manitoba School for Mental Defective Persons and total or partial economic independence in the community. Female patients are first placed in the Broadway Home, graduate to foster homes where they "live in" and are then put on probation and finally discharged. Three years ago the program began accepting selected male candidates from the Manitoba School. The males are placed in special foster homes where they "live in" and are then put on probation and discharged. To qualify for this level of rehabilitation selected mentally retarded candidates must be able to work in a community, be able to support themselves and be capable of controlling their own behavior. The market for this type of unskilled worker has increased greatly within the last two years, particularly for males. At present there is a waiting list of employers.

During the past year many meetings have been held with representatives of the Manitoba Association for Retarded Children relative to the development of work training facilities, diversional activity centres and regional social and occupational training centres. This strong and dynamic voluntary organization is to be commended for the tremendous work they have done in the past 10 years and their realistic and ambitious plans for the future.

(ii) Re: The Mentally Ill.

During the past year our office has accepted for vocational rehabilitation a limited number of selected discharges from our mental hospitals. Many meetings have been held with senior officials of the Division of Psychiatry in developing working arrangements. This has been a most interesting and helpful experiment. It has helped the hospitals to make a more realistic functional appraisal of the proposed discharges. It has pointed out that with proper planning and vocational training many mentally ill persons, who were destined to spend the rest of their life in an institution, can be helped towards total or partial economic independence in the community. It has pointed out a need for sheltered employment facilities and half-way houses in the community. In 1963, six former patients were rehabilitated to full time competitive employment. At present we have eighteen in various types of vocational training courses. The number is small, but it clearly indicates the need for some intensive activity in this area. Further development in this area is dependent upon the acquisition of trained vocational rehabilitation counsellors.

The development of a comprehensive vocational rehabilitation program for the post-mentally ill will need to take full cognizance of the excellent work done to date by the Canadian Mental Health Association and examine the particular role they can play in the expanding program.

(iii) Re: The Alcoholic.

There is considerable difference of opinion as to whether the alcoholic is physically, mentally or socially handicapped, however, all will agree that through an organized vocational rehabilitation approach many alcoholics can be assisted towards leading a happy and useful life. In recognition of this fact, a comprehensive study of the rehabilitation programs of the Alcoholism Foundation of Manitoba and the Salvation Army Harbour Light Centre, was undertaken and completed in 1963. The study recommends that both agencies be designated as vocational rehabilitation agencies for alcoholics and full utilization be made of the resources of the Vocational Rehabilitation of Disabled Persons Agreement and the Technical and Vocational Training Assistance Act to strengthen and

expand this service. In addition, the report recommends that representatives of both agencies participate on a co-ordinating committee on alcoholism which will include other representatives of government and voluntary agencies concerned with alcoholism. This co-ordinating committee is to be chaired by the Provincial Co-ordinator of Rehabilitation Services.

Recently the Government of Canada broadened the interpretation of a disabled person under the Vocational Rehabilitation of Disabled Persons' Act to include any individual who is incapable of pursuing regularly an occupation which meets his basic economic needs because of a lessening in value or a deterioration of physical or mental capacity. This is a broad definition and will enable us to reach many persons who have to date been considered ineligible. With this broad definition it is hoped to begin making inroads on long term welfare recipients who are classed as socially handicapped. Discussions have already been held with senior welfare officials with a view to developing an experimental vocational rehabilitation project in one of the Regional Offices.

The provincial rehabilitation program developed in Manitoba to date, has been most successful. This success can be attributed to the fact that both government and the community at large, recognize that the job of rehabilitation is far too big for any government or any voluntary agency or agencies to carry alone. Furthermore, it is recognized by government that active citizen participation is an integral part of a good and successful program.

PSYCHIATRY

PSYCHIATRIC SERVICES

Psychiatric services are designed to:

- prevent mental illness
- assist those suffering from mental illness
- assist those who have required hospital treatment to return to a normal way of life in the community.

Services are centered in three hospitals for mental diseases and one school for mentally defective persons.

Institutions include:

1. The Brandon Hospital for Mental Diseases
2. The Selkirk Hospital for Mental Diseases
3. The Psychiatric Institute in Winnipeg (56 beds)
4. The Manitoba School for Mentally Defective Persons

To supplement these facilities, there are four General Hospitals in Winnipeg with approximately 140 psychiatric beds and the 135 bed St. Amant Ward in St. Boniface for mentally defective children up to six years of age.

Out-Patient Departments for adults are operated by the two hospitals for mental diseases, the Psychiatric Institute and three of the four general hospitals.

Community mental health clinics which provide diagnostic and treatment facilities for designated geographic areas are operated out of the two hospitals for mental diseases. These clinics uncover cases of mental illness in the early stages when they can be treated effectively.

OBJECTIVES

Through 1963 the demand for psychiatric services continued at an accelerating rate. This follows the trend which has been experienced for the past ten years. The demands are most acute for treatment services in both in-patient and out-patient facilities. These demands received our immediate attention and for the most part are adequately met. However, the growing pressures for other services present problems which we are not prepared to meet in full and in some areas not even in part. Such demands include requests for consultation services for patients in institutions for the aged and nursing homes; the extension of foster-home care for patients well enough to leave the mental hospitals; the provision of sheltered diversional centres and workshops for adults and children who are handicapped by some degree of mental disease or by mental retardation. There is an increasing awareness of the important part played by mental disorder in criminal cases. This has given rise to a demand for psychiatric examination and treatment of persons charged with criminal behaviour and requires the consideration of establishing a forensic clinic to provide adequate assessment and treatment of offenders.

Our most acute problem at this time arises from the inability to provide adequate treatment and care for children with emotional and psychotic disorders. The number of children presenting such problems appears to be increasing rapidly. There is now an urgent demand coming from parents, family doctors and various agencies for more extensive psychiatric services for children.

ACHIEVEMENTS

During 1963 our mental institutions, namely the Brandon Mental Hospital, The Selkirk Mental Hospital and the Winnipeg Psychiatric Institute had under treatment as in-patients a total of 4,458 persons. Direct admissions to these hospitals reached an all-time high of 1,679 an increase of 146 or approximately 10% over 1962.

Intensive treatment programmes enabled us to discharge 1,675 patients. Total separations including deaths was 1,894 -- an increase of over 10% compared to 1962. Our intensive treatment programme resulted in a decrease of 166 patients at these institutions during the year.

The in-patient activities of these hospitals is set out in the appendix to this report. This table shows that the total decrease of patient population in the mental hospitals has reached 609 since 1958, the year in which our last increase in patient population occurred.

The community mental health activities of our hospitals in 1963 has also been increased although handicapped by lack of sufficient professional personnel. The Selkirk Mental Hospital operated two Community Mental Health Clinics, the Brandon Mental Hospital one and the Psychiatric Institute provided a part-time Clinic, as required, mostly in the southern section of the province. In addition these hospitals operated very active out-patient departments. Total patients treated was 4,184 of which 1,632 were new patients and the number of patient interviews established a new record of 17,236 up from 16,497 in 1962.

As mentioned above, there is an increasing demand for psychiatric services for children. At the present time our community efforts are confined to two clinics.

The Child Guidance Clinic of Greater Winnipeg is a joint operation of the Department of Health and the Winnipeg School District Number One. Services are provided only for school children in Metropolitan Winnipeg with a school population of approximately 100,000. During the year there were 8,123 children seen of which 5,336 were not previously known to the Clinic.

The Child Guidance Clinic of the Brandon Mental Hospital recently moved into spacious new quarters. These new facilities will greatly increase the efficiency of the Clinic as well as permitting increase in personnel to meet the rapidly rising demands for services. In the year under review, 688 children from Brandon and surrounding district received assessment and treatment.

THE TRAINING AND CARE OF THE MENTALLY RETARDED

During the year our efforts to return to the community, retarded persons who have been under training at the Portage la Prairie School, have been intensified. This programme resulted in the day-time placement of 29 girls and 17 boys, an increase of over 50% from 1962. A few of these daytime placements have adjusted to the extent that full-time residence in the community has been accomplished. We are hopeful that our success in these efforts will continue to increase.

The Broadway Home continues to receive former patients from the Portage la Prairie Training School day training programme. These candidates are found to be considerably better adjusted than those who formerly came direct without any prior community experience. During the year there was an increase of boys and girls under supervision bringing the total to 74.

The St. Amant Ward of the St. Boniface Sanatorium was increased during the year and now provides accommodation for 135 children. This accommodation was rapidly occupied because of the waiting list containing many urgent cases. Many of the children show a very favorable response to the training programme for "socialization" which the staff maintains. We attempt to retain 3 or 4 beds at all times to permit temporary placement of children when circumstances in the home make this imperative.

A comprehensive programme for the care and training of the retarded persons in the province is under careful study. A recent decision was to place the Broadway Home under the Director of Rehabilitation Services. This will become effective early in 1964. The Broadway Home programme will then be expanded to provide help for retarded persons in the community who have not been trained at Portage la Prairie.

Division of Psychiatric Services - 1963

							Total Previous Year
				<u>Male</u>	<u>Female</u>	<u>Total</u>	
On Register December 31, 1962				1,451	1,328	2,779	2,937
On Parole or otherwise Absent				103	138	241	239
Remaining in Hospitals December 31, 1962				1,348	1,190	2,538	2,698
<u>Admissions:</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>				
Psychiatric Institute	432	452	884				
Brandon Mental Hospital	271	218	489				
Selkirk Mental Hospital	311	346	657				
Total	1,014	1,016	2,030				
Less Transfers between hospitals	165	186	351				
Total Direct Admissions	849	830	1,679	849	830	1,679	1,533
Total Under Treatment				2,300	2,158	4,458	4,470
<u>Separations:</u>							
<u>Discharges</u> - exclusive of Transfers from Psychiatric Institute							
Psychiatric Institute	284	298	582				
Brandon Mental Hospital	223	224	447				
Selkirk Mental Hospital	290	356	646				
Total	797	878	1,675	797	878	1,675	1,548
Deaths				116	103	219	169
Total Separations				913	981	2,332	2,538
On Parole or otherwise Absent				131	141	272	241
Total on Registers December 31, 1963				1,400	1,213	2,613	2,779
<u>Change in Patient Population:</u>							
	1963			1962	1961	1960	1959
	-166			-156	-177	-77	-33

Decrease in Patient Population 1959 - 1963 inclusive - 609

Psychiatric Institute

This 56-bed institute is designed to provide intensive short-term therapy. Patients are admitted to this hospital if their illness cannot be adequately treated in a general hospital.

Most patients are admitted on referral by physicians and the average length of stay is 24 days.

Sixty-two per cent of patients treated in the Psychiatric Institute return to the community.

The remainder are transferred to one of the two mental hospitals for more prolonged treatment.

Average occupancy of the institute is 97 per cent.

Established as the first such institution of its kind in the country, the Psychiatric Institute remains in its originally conceived character of a diagnostic and short term therapy unit. In addition, however, it has assumed additional responsibilities in the Provincial Mental Health System. In this respect it has primarily a dual function.

This Institute serves as a regional hospital, not only for the Winnipeg area but also for the relatively heavily populated southern and eastern areas of the province. As a consequence of this the pressures of operation have gradually increased as the movement of population tends to concentrate in the Metropolitan area and the activities of the hospital have been augmented to meet this demand. The intensity of this activity is again reflected in the climbing admission rate which maintains the previously reported trend and this year approaches an increase of 10% over the previous year, or 36% over a period of three years.

Three categories of patient pose special problems worthy of mention: juveniles, alcoholics and geriatric cases. Although there has been an improvement in community resources to care for the less acutely disturbed child, the severe psychiatric and behavioural disorders in children continue to be the necessary responsibility of the hospital. This poses a two-fold problem in that the facilities of the hospital are not oriented to the care of children and there is great difficulty in arranging for the reception of such children back into the community, so that hospital stay frequently becomes unduly prolonged.

Although the percentage of in-patients treated for alcoholic psychoses has not altered appreciably, the admission rate for simple alcoholism has increased 65%. In total this means that in the course of the past year one quarter of the in-patient service on the male side was given over to the treatment of alcoholics. In part this may be a reflection of the efficacy of educational programs directed toward recognition of the problem. Special programs have been developed to handle this volume of patients including on-the-ward A. A. meetings and educational films inaugurated on a weekly basis, as additions to the previous routines.

In spite of special consultative services provided to other hospitals, institutions and nursing homes, almost 10% of admissions to the in-patient service were occasioned by patients suffering essentially from conditions occasioned by old age and senility. These are in the main hard-core cases, many of them multi-problem cases, which demand a great deal of specialized attention and are by their very nature necessitative of long-term care and difficult of rehabilitation. A shortage of community resources and the fact that many of these cases have previously posed serious problems in community settings again delays discharge and leads to prolonged hospital stay.

In its second function, the Institute serves as a Mental Health Clinic for the area outlined previously. The out-patient department offers a follow-up service for former in-patients where frequently therapy is continued for lengthy periods and where, if necessary, arrangements are made for medication to be supplied without cost to those unable to meet this financial burden. It serves as an important facility where patients may be referred to for evaluation and treatment not only by the family physician, but also by a wide variety of agencies and community organizations. As such, it plays an important role for which in many instances alternative resources would not otherwise be available and it is increasingly apparent that the community relies on government agencies to provide services of growing complexity and sophistication. Over 5,000 individual interviews and examinations were conducted in the out-patient department by the medical staff in addition to the work of the other departments. The travelling clinic, composed of a psychiatrist and one or two psychologists, visited six rural towns for the purpose of examining school children at the request of the Department of Education and a total of 74 children were evaluated with regard to educational programmes.

As reported last year, a programme of Group Therapy is being developed and a total of six groups involving somewhat less than 160 patients were underway during the year. Of these, one new programme was instituted at the Manitoba Home for Girls where ten girls have been under treatment for about five months. This is an experimental venture in co-operation with the psychiatric staff of the Department of the Attorney-General and while showing initial promise, will require to be evaluated later.

Forensic Service:

During the year increasing use of diagnostic facilities has again been made by the courts, with a total of 150 referrals representing again an appreciable increase over the previous year. Of these, forty were admitted to hospital for further treatment and a small group was subsequently maintained in group and individual therapy while serving sentence, while the remainder were transferred to other hospitals. We have received excellent co-operation from the law enforcement authorities in making necessary arrangements for these patients and it is probably best that arrangements should remain on an informal and flexible basis.

Teaching Programme:

As in previous years, the hospital staff has been actively engaged in educational programmes both for undergraduate and post-graduate medical students, both of whom receive in-service training and instruction. Practical teaching and experience is also being provided for the Winnipeg General Hospital School of Nursing and for the School of Rehabilitation Medicine. This year during Mental Health Week a programme including films and talks by the hospital staff was instituted for visitors and relatives of patients. Members of the staff also participated in educational programmes organized by the Canadian Mental Health Association, the Manitoba Conference on Aging, and the School of Occupational Therapy.

Psychological Services:

This year we have had the continuous services of two psychologists, one of whom has a Ph. D. qualification and the other has completed similar training. This department has shared both in-patient and out-patient responsibilities in

providing psychometric and psychological evaluations, psychotherapy and teaching. A total of 390 tests of 18 different kinds were administered of which 52% were conducted with in-patients.

Social Services:

The reception service of the hospital by which initial contact is made for both in-patients and out-patients, is maintained by the Social Service Department. It also carries out interviews with families and relatives, negotiates welfare and circumstantial problems for our patients, maintains liaison with other social agencies and follows discharged patients with interviews and home visits.

In addition to attention to the needs of our in-patients, a total of 1,200 home visits and 32 conferences with other agencies were carried out by the staff which numbers five full-time and one part-time worker.

Occupational Services:

The occupational services of the hospital have been increased this year by the addition of an activities director to the staff of the occupational therapist. This allows for the co-ordination and supervision of a fuller programme utilizing both the resources of the hospital and those of volunteer groups who have contributed greatly in the past. Our volunteer groups are drawn from the Canadian Mental Health Association, and the Garden City B'nai B'rith working through C. M. H. A., who, between them, organize one afternoon and two evening activity periods and entertainment each week, including parties, film shows and dances. In addition we have this year had a weekly session of rhythmic dancing and exercise conducted by two talented volunteers, Mrs. Rachel Browne and Mrs. Daphne Korol. We are also indebted to the volunteer ladies of C. M. H. A. who provide two members each afternoon to conduct visitors.

While the emphasis of the Occupational Therapy Department is directed toward a comprehensive treatment programme and not toward production, a total of 730 patients were included and 430 articles completed. Recoveries on costs of materials through sales of finished articles amounted to almost \$400.00.

Nursing Services:

A prevailing shortage of nursing personnel is being experienced in all hospitals and we have therefore been fortunate in being able to maintain a uniform level of service. Nursing staff and ward attendants are provided by arrangement with the Winnipeg General Hospital and we are appreciative of their co-operation and the quality and calibre of professional staff which they have made available to us. While it is regretted that a decline in the numbers of both graduate and undergraduate nurses on the service has occurred we can record our satisfaction that vacancies have been filled by the appointment of several new Psychiatric Nurses to the staff who bring with them particular skills and training which have been a valuable addition to our ward programmes. Another nursing instructor has also been added to the staff to give on-the-ward supervision in clinical routines. Student nurses spend six weeks on duty in our institute during which time they receive 100 hours of instruction and lectures.

Other essential services, including laundry, housekeeping, food service, and general maintenance, are also provided by the General Hospital on a continuing basis and I would mention our appreciation of their efficiency and consideration of our needs.

	Total 1963	Total Previous Year 1962
(a) <u>Movement of Patients</u>		
Remaining in hospital December 31, 1962	50	48
Total admissions	884	822
Total patients under care	934	870
Total separations	893	820
Remaining in hospital, December 31, 1963	41	48
<u>Types of admissions:</u>		
First admissions	466	476
Re-admissions	418	346
<u>Forms of Admission:</u>		
General	553	637
Voluntary	179	138
Commitments	117	10
Retakes from probation	6	13
Medical Certificates	5	0
Transfers from other mental hospitals	24	24
<u>Separations:</u>		
Discharges	582	558
Transferred to Mental Hospitals (including return of transfers)	292	245
Transferred to Manitoba School (including return of transfers)	10	10
Deaths	9	7
Percentage Deaths of Total Under Treatment	1.03	.8
Average Daily Population	50.57	53.28
Average Duration of Stay	20.88	23.66
Rated Capacity of Hospital	56	56

	Total 1963	Total Previous Year 1962
(b) <u>Diagnoses:</u>		
(i) <u>Psychoses:</u>		
Schizophrenia (all types)	297	289
Manic Depressive Psychosis (all types) ..	59	74
Involutional Melancholia	21	25
Paranoid States	16	21
Senile Psychosis	39	34
Pre-Senile Psychosis	2	4
Psychosis with Cerebral Arteriosclerosis	33	27
Alcoholic Psychosis	35	36
Psychosis of other demonstrable etiology	35	48
Other and unspecified psychoses	49	38
General Paresis of Insane	1	1
Post-encephalitic Psychosis	1	0
(ii) Psychoneuroses	65	63
(iii) <u>Without Psychosis:</u>		
Pathological Personality	54	34
Immature Personality	38	22
Alcoholism	36	49
Drug Addiction	10	6
Primary Behaviour Disorder	9	3
Mental Deficiency	13	16
Other and Unspecified	7	2
Epilepsy	7	13
Chronic Brain Syndrome - post-traumatic	1	0
Post-Encephalitic Parkinsonism	1	0
Other Diseases of Brain	3	0
Undiagnosed	6	5
Not Psychotic	5	1
(c) <u>Age Classification:</u>		
Under 17 years	42	comparative figures not available
17 to 65	732	
Over 65	110	

	Total	Total
(d) <u>Discharges:</u>	1963	Previous Year 1962
Transfers to Mental Hospitals	291	229
Transfers to Manitoba School	5	7
Transfers and Probation Returned	6	19
Relatives and Friends	363	347
Own Control	126	135
Winnipeg General Hospital	33	31
Nursing Homes and Chronic Care Hospitals ..	31	26
Welfare Agencies	9	4
Police Custody	18	14
Alcoholism Foundation	1	0
Elopements	1	1
Deaths	9	7

(e) Out-Patients:

Total Out-Patient Visits 6,220

Total New Patients (Adult) 356
(Juvenile) 57

Court Referrals 151
Probation Service 47

Other Referring Agencies: Brandon Mental Hospital
Selkirk Mental Hospital
Winnipeg General Hospital
Welfare Departments (City)
(Provincial)
Rural Health Units
Welfare Agencies: Children's Aid
Society for Crippled Children
Family Bureau
Indian Friendship Centre
Association for Retarded
Children
Department of Welfare: Care Services
Disability Allowances
D. V. A.
Department of Indian Affairs
Immigration Department
Rehabilitation Hospital
Private Physicians
Relatives

Brandon Hospital for Mental Diseases

This institution is responsible for patients in the province west of and including Portage la Prairie.

With an average yearly patient population of approximately 1,350 this hospital employs all known effective methods of treatment for the mentally ill.

Insulin and other drug therapies are used to advantage and electroconvulsive therapy has proven safe and effective in selected areas.

In addition to the normal clinical service available at Brandon, a social rehabilitation centre has been opened to provide social activity for former patients and patients approaching discharge level.

Also, an industrial therapy committee has been set up to manage finances associated with industrial therapy projects at the hospital. Through this committee, profits realized are returned to participating patients in the form of allowances.

Canteens, a scrap metal industry and a bookbinding enterprise are operated by patients.

Special efforts have been put forth to stabilize the rehabilitation of those discharged in the community.

Clinical Facilities

As recorded for the first time in the Annual Report for 1961, in July 1961 this Hospital adopted the "Unit" system of organization of Clinical Facilities, which is now in its third year of operation.

The Hospital is subdivided into six semi-autonomous functional units staffed by distinct therapeutic teams of personnel.

Clinical Services

1. Four Comprehensive Services, each consisting of admitting ward and two wards for continued care. Each service deals with an approximately equal share of new admissions.
Comprehensive Services also offer to Patients from Brandon, the opportunity for part-time in-patient treatment (day or night), out-patient treatment of new referrals, and indefinite medical after-care of discharged Patients. Comprehensive Services provide, therefore, the whole available range of psychiatric regimens of treatment for adults.
2. Infirmery and Geriatric Service, composed of two hospital wards, and two geriatric wards. This service functions like a general hospital in the Therapeutic Community of Brandon Mental Hospital.
3. Out-Patient Department, composed of Child Guidance Clinic, Travelling Clinic, and also deals on an out-patient basis with adult Patients from the Brandon area. Detailed information about this department is shown elsewhere in this report.

Personnel Involved in Treatment

These include psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, occupational therapists, stenographers, and other paramedical auxiliaries work together, organized into six therapeutic teams.

Summary of Results

As of December 31, 1963, there were 156 male and 127 female new admissions, and there were returned from probation 21 patients, 11 male and 10 female. There were 447 complete discharges, 223 male and 224 female. As at December 31, 1963, there were 61 male and 44 female deaths.

As at December 31, 1963, there were 489 admissions treated - 271 male and 218 female, including 196 re-admissions (98 male and 98 female). Discharges (including deaths) exceeded admissions.

As at December 31, 1963, the hospital population was 1,339 - 710 male and 629 female, (including those on leave pass), this being a further drop of 78 patients over 1962.

As at December 31, 1963, the Average Daily Population was 1,363, a drop of 104 over 1962, partially due to an increase of 26 deaths during 1963.

The Comprehensive Services have assessed and treated a substantial number of adult out-patients from the Brandon area. These services conducted a large number of after-care medical interviews, and also interviews with relatives of Patients. A considerable number of patient-day, and patient-night care was given. A considerable degree of individualism was achieved, and continuity of treatment of Patients by teams was preserved to a greater degree than ever before.

Considerable intensification of rehabilitation procedures for Chronic Patients was attained.

Throughout the year, good use was made of all available physical methods of treatment in psychiatry. There was some decline in the use of Insulin Coma Treatment. Electro-shock therapy of in-patients and out-patients was used to the same degree as in 1962.

As at December 31, 1963, 73 major and 14 minor surgical procedures were performed by consultant surgeons, and a considerable number of consultations with suitable specialists was arranged.

There were 3,120 visits to the Hospital Dentist. Dr. Trotter has been granted an extension of one year, as from January 1, 1964.

Tuberculosis control continues to be under the active guidance of Dr. Povah who also gives consultant service in other chest conditions.

E. E. G. As at December 31, 1963, there has been a substantial increase in the number of cases seen in the department. The making of electronystageograms, under the direction of a Brandon Ear, Nose and Throat Specialist, has continued.

X-Ray. In April, the annual chest x-ray survey of Patients and Staff was done by the Central Tuberculosis Clinic, and a small chest x-ray survey of Patients and Staff on a ward was done by Hospital facilities. No active cases of tuberculosis were discovered. Some new equipment was provided.

Pharmacy. Regular meetings of the Pharmacy Committee have been held during the year. In August, the Pharmacist attended the annual meeting and convention of the Canadian Society of Hospital Pharmacists, held in Winnipeg. The year has been a heavy one, and an increase in the workload is anticipated. The position of Pharmacist has rapidly become an essential part of the function of the hospital.

As at December 31, 1963, 9,802 prescriptions, and 31,852 requisitions have been filled. The total expenditure for medications during the year was \$97,597.04.

Special Rehabilitation Procedures.

1. On the level of Comprehensive Services and Geriatric Wards -

- a) All wards are now provided with occupational therapy facilities on the ward level, and which are operated jointly by nursing and O. T. staff.
- b) All comprehensive services and geriatric wards have well organized facilities for "habit training" of deteriorated and regressed Patients.
- c) All wards have continued with the remotivation programme begun in 1962.
- d) The Volunteer Programme covered all wards.
- e) A number of wards, as part of their social organization, have in operation "Patients" self-government.

2. Central O. T. Facilities (Workshops outside of Wards).

These shops and classes have shown some expansion, e. g. , a pottery work shop has been established. Many articles are sold, and prizes are won at Exhibitions.

3. Work Therapy.

Development of projects under this heading was most spectacular in 1963. Such projects occupied large numbers of Patients who can credit themselves with lasting achievements:

- a) Construction of a miniature golf course, which was formally opened in September.
- b) Extensive landscaping and construction of elaborate gardens around the Colony Building.
- c) Major excavation work in the basement of the Colony Building, providing new space for development of new occupational and industrial therapy projects.
- d) Other suitable occupation in hospital grounds, gardens, etc.

4. Industrial Rehabilitation Projects.

Developed in the last two years, with the assistance of the Local Branch of the Canadian Mental Health Association, an increasing number of enterprises are offering to Patients the opportunity for work with some financial reward for their labor. Three new projects have been launched: A Party Hat Shop produces paper party hats; a sewing shop produces, so far, carpenters' aprons; and a silk screening shop is doing some printing for a local printing company, and prints business data on the carpenters' aprons, etc. Articles produced in these ventures are disposed of through outlets in Brandon, and a few outside centers.

In-Service Educational Programmes.

1. As part of the "Journal Club", a systematic circulation of scientific journals was organized in the community of professional staff of the hospital.
2. A central medical library has been organized and its function supervised by a "library committee", which deals also with the acquisition of new journals and books.
3. In the early part of 1963, a refresher course for senior nurses was held, consisting of 10 didactic lectures at weekly intervals, on modern concepts

in psychiatry and modern techniques in psychiatric nursing. Subsequently monthly seminars were held through the year.

4. Suitable teaching films were shown to staff.

Re: Nursing Training.

At the end of July, the Psychiatric Nursing instructor resigned. In August this position, and also a teaching position previously vacant, were filled.

During the year and at present, there has been discussion with Winnipeg concerning the provision of psychiatric orientation and experience to Public Health Nurses of the Province, and of the City of Winnipeg. This is still under discussion.

Additional books, a new film projector, and improved office space for instructors, have been added to the Department.

The Graduation Exercises were held in St. Paul's United Church, on May 1, 1963. The Address to the graduating classes was given by Margaret E. Hart, R.N., M.A., Ed.D., Director, School of Nursing Education, University of Manitoba.

Details concerning nursing and technical students enrolled for training during the year are shown in Appendix "P: III (c)."

Communication and Dissemination of Information.

1. Towards the end of 1962, and continued throughout 1963, two categories of formal consultative meetings were inaugurated:-
 - a) "Therapeutic Co-ordination Conference", attended by heads of departments and doctors in charge of services.
 - b) "Medical Advisory Committee" meetings, composed of the senior psychiatric staff with Medical Superintendent.

These meetings are held at weekly intervals.

It is our opinion that both meetings help to co-ordinate therapeutic effort of the hospital, and to preserve the therapeutic status of this Institution.

Minutes of meetings are made systematically, and are distributed to the individuals concerned.

2. At monthly intervals, the Statistical Research Department circulates to all heads of departments and doctors, statistical analyses of the work done by clinical facilities of the Hospital. These provide useful comparative material on the relative functional efficiency of units of which the hospital is composed.

Laboratory.

During the year the Director completed post-graduate study away from the Hospital, in preparation for eligibility for Certification in Pathology by the Royal College of Physicians and Surgeons. Relief service was given by the Brandon General Hospital.

1. Miss Carol Witter received the Gold Medal award for highest standing in Manitoba in the examinations of the Canadian Society of Laboratory Technologists.
2. Education.

- a) Combined Laboratory and X-Ray Course.

Seven students graduated and were placed in positions.

Seven students are in second year training.

Eighteen students were accepted for training on September 1, 1963.

b) Straight Laboratory Course.

Five students completed the training and were placed in positions.

Four students were accepted for training on September 1, 1963.

- c) Beginning in September 1963, didactic instruction of new student technicians was started at the Manitoba Institute of Technology. It is anticipated that the Laboratory of this Hospital will play an important part in the further training and experience of these students.

- d) About fifty medical technicians and students have taken part in workshops.

3. Statistics.

As at December 31, 1963, 260,246 units of work were performed, an increase of 16.5% over the preceding year.

As at December 31, 1963, 170 autopsies were done, and 85.7% of Patient deaths in hospital have been autopsied.

Social Service Department.

The purpose of the Social Service Department is to deal with social problems of Patients, and involves contact with persons and agencies outside of, and at varying distances from the Hospital. The contacts enable the worker to interpret the nature of the illness, to arrange programmes for continuing rehabilitation, to improve orientation regarding medications, and in some cases, to assist in the arrangements for day-care in the hospital. The agencies contacted include the Employment Service, Health Units and Welfare Offices, and Branches of the Canadian Mental Health Association. The foster home programme is actively pushed.

Patients who are ready for employment, are referred to the National Employment Service, with also, as much as possible, a direct selling of the individual's abilities and talents to the prospective employer.

During the year the number of workers in the in-patient service fluctuated from one, to four, at the present time. Two additional cars for this department were obtained. Many Patients were interviewed in the office, and many visits were paid to homes of Patients, employment establishments, etc. Sixty-six Patients were placed in employment, and 45 Patients were placed in alternate care situations.

Guidance Clinic.

The program of work engaged in this year follows that in the previous two to three years, and centers on the Clinic in Brandon, and on Travelling Clinics to the Health Unit Centers in this area of the Province.

The pressure of referrals has been overwhelming. The addition of some important staff has brought encouragement, offset to a considerable degree by an insufficient number of psychiatrists.

The Clinic works directly with the schools, and regular consultation service is given to the Assiniboine Hospital by a psychiatrist and a Speech Therapist. Regular service is given to the Children's Aid Society.

The Travelling Clinic visits four centers at a moderate distance monthly and during the year has made one or two visits each to centers further distant. There are now 31 ungraded classes set up in 18 centers in this part of the Province, and plans are underway to add a dozen or more classes in the coming year. There are 11 retarded children's schools or classes operating now, also. It has not been feasible to comply with requests for clinics in several quite distant communities.

Clinic members have taken an active part in talks, speeches and discussions.

Statistics.

During the year, 1,115 Adults and Children (927 as at December 31, 1962), were seen at Brandon, 507 new cases. 523 new cases were seen by Travelling Clinics.

Clinical Research.

1. Systematic Drug Trials.

- a) Several drugs were evaluated.
- b) The hypothesis - 'are tranquillizers being abused', was given a formal 3-months' trial test, and which showed that tranquillizers are used on chronic wards below optimal level.

2. a) Administrative. Resulting from research in the field of therapeutic administration in Psychiatry, two documents were drafted for use in the hospital:

- (1) Programme of care for Psychiatrically Disabled.
- (2) Programme of care for Physically Ill.

- b) Much 'digging' for information necessary in the administration of the Hospital.

3. Statistical. Three projects, under Federal Health Grant auspices, were continued during the year. Several papers have been prepared for publication. Re 'Evaluation of Treatment' - Dr. J. W. Fisher, of Ottawa, presented a paper related to the work of this project, at the International Statistical Institute in Ottawa, in August, 1963.

Biochemical. In biochemical investigation of Patients giving a superior response to phenothiazines, it has been observed that a number of biochemical constituents (of blood and/or urine) have shown considerable variation, with different drugs and drug levels, and with the Patient's clinical state. Work on this project is still in progress. We have carried on active investigation of a number of short-term projects and a Public Health project. Investigation and evaluation of products for quality control and laboratory Standards are still in progress. This laboratory is on the investigational list for two pharmaceutical companies. Biochemical investigation of clinical material in the Hospital, and the Guidance Clinic, has been done.

Public Relations and Education.

1. Open House was held on May 29 and 30, and proved to be one of the most successful to date.
2. Press, Radio and Television, by their combined efforts together with those of the Canadian Mental Health Association, and Staff, have provided stories of activities related to the Hospital.
3. Canadian Mental Health Association. The Association continues to give much effective and steady assistance to the Hospital, through the work of its Volunteers, rehabilitation centre, and many other projects. The most important are:
 1. Assistance with the Remotivation Programme.
 2. The Foster Home Programme.
 3. Industrial Therapy. The name of the business organization has been changed to Mental Health Industries. Patient-operated canteens remained the main source of revenue. Approximately 25% of proceeds were paid in

allowances to Patients for work performed. The remainder was paid out for equipment and supplies, or held as credit for future operation.

4. Educational Addresses were given to groups in Brandon and surrounding districts, by 9 staff members.
5. 6 Groups from Brandon, and one each from Minnedosa, Neepawa and Selkirk, visited the Hospital during the year.

Dietary Department.

Five kitchens are operated and 4,709 meals served daily to Patients and Staff. Consistent and persistent efforts are being made to improve quality and variety in this important service.

FINANCIAL

The average daily Patient population for the fiscal year ending March 31, 1963, was 1,440, a decrease of 105 from the previous year.

The annual per capita cost was \$1,658.0585, an increase of \$178.5962 over the previous year.

The daily per capita cost was \$4.5426, the per capita cost for the previous year being \$4.0531.

Total net costs were \$2,387,617.90, an increase of \$101,848.39 over the previous year.

Federal Health Grant Funds provided some staff, books, and equipment for libraries and Service Units, supplied bursaries for student technicians, and funds for three research projects.

STATISTICAL

	<u>1963</u>	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>
1. Average Daily Patient Population	1,363	1,467	1,569	1,620	1,630
2. % Discharged of Total Admissions	90.6%	107.3%	116%	77.3%	81.8%
3. % Deaths of Total Under Treatment	7.8%	4.02%	3.29%	3.81%	4.23%
4. Change in Patient Population	-104	-102	-51	-10	-21

DISCHARGES 1963 - BRANDON HOSPITAL FOR MENTAL DISEASES

<u>DIAGNOSIS</u>	<u>TIME IN HOSPITAL</u>						<u>Total</u>
	<u>0-3</u> <u>Mos.</u>	<u>4-6</u> <u>Mos.</u>	<u>7-12</u> <u>Mos.</u>	<u>1-2</u> <u>Yrs.</u>	<u>2-5</u> <u>Yrs.</u>	<u>Over 5</u> <u>Years</u>	
Schizophrenic	74	27	36	26	21	37	221
Manic Depressive	14	6	7	5	1	3	36
Involucional Melancholia	12	4	1	1	-	-	18
Paranoid Condition	2	-	1	1	-	2	6
Senile Psychosis	5	-	1	-	-	-	6
Pre-Senile Psychosis	-	-	-	-	-	-	-
Psychosis with Cerebral Arteriosclerosis	-	-	-	-	-	-	-
Psychosis due to Alcohol	1	-	1	-	1	-	3
Psychosis due to Epilepsy	6	2	-	-	-	1	9
Psychosis with Mental Deficiency	1	1	1	-	-	-	3
Unspecified Psychosis	4	2	-	2	-	1	9
Psychoneurosis	38	5	2	-	-	-	45
Personality Disorders	28	2	4	1	-	-	35
Adult Maladjustment	1	-	-	-	-	1	2
Alcoholism	33	3	-	-	-	1	37
Mental Defective	2	1	-	-	1	1	5
Epilepsy	3	-	1	-	-	-	4
Senility without Psychosis	1	-	-	-	-	-	1
Non-Psychotic	3	-	-	-	-	-	3
Undiagnosed	2	1	-	-	-	1	4
	230	54	55	36	24	48	447

MOVEMENT OF PATIENTS

January 1, 1963 to December 31, 1963.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Remaining Under Treatment at December 31, 1962.	730	687	1,417
On Probationary Discharge or Otherwise Absent	<u>34</u>	<u>49</u>	<u>83</u>
Total on Books as at December 31, 1962.	764	736	1,500

<u>FIRST ADMISSIONS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
General Admissions	42	31	73
Voluntary Admissions	47	39	86
Other Sources	<u>26</u>	<u>16</u>	<u>42</u>
	115	86	201

<u>READMISSIONS</u>			
General Admissions	20	25	45
Voluntary Admissions	55	52	107
Other Sources	<u>29</u>	<u>26</u>	<u>55</u>
	104	103	207

TRANSFER ADMISSIONS

From Psycho and other Manitoba Hospitals	52	29	81			
				<u>271</u>	<u>218</u>	<u>489</u>
				1,035	954	1,989
Of Transfer Admissions - Readmissions to a Mental Hospital	(38)	(17)	(55)			
Return from Probation	(11)	(10)	(21)			

DISCHARGES AND TRANSFER DISCHARGES

With Psychosis -			
On Medical Advice	140	200	340
Against Medical Advice	4	0	4
Without Psychosis -			
On Medical Advice	71	24	95
Against Medical Advice	4	0	4
Observation Only and Undiagnosed	<u>4</u>	<u>0</u>	<u>4</u>
	223	224	447

<u>DEATHS</u>	61	44	104	<u>284</u>	<u>268</u>	<u>552</u>
Remaining on Books as at December 31, 1963.				<u>751</u>	<u>686</u>	<u>1,437</u>
Remaining Under Treatment December 31, 1963.				710	629	1,339
On Probationary Discharge or Otherwise Absent.				<u>41</u>	<u>57</u>	<u>98</u>

Total on Books as at December 31, 1963.	751	686	1,437
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Selkirk Hospital for Mental Diseases

Located 20 miles north of Winnipeg, this hospital is responsible for patients in Manitoba east of Portage la Prairie. A full range of psychiatric treatment for short and long-term patients is provided at Selkirk.

The revolutionary Open-Door policy, introduced in recent years, now applies to all wards of the hospital and is considered an unqualified success.

Selkirk's rehabilitation program includes remotivation, recreation, occupational therapy, habit training and group therapy.

A community Rehabilitation Centre which prepares patients to return to full economic status in the community has been established at Selkirk.

As in prior years, in this section, we will append figures for the two prior years in brackets. This allows the reader to see the continued upward trend of activity in all areas at a glance.

Admissions numbered 657 (534; 433) composed of 311 (271; 211) men, and 346 (263; 222) women. Direct admissions were 409 (336; 227) and transfers 248 (198; 206). First admissions were 36% (40%) and Voluntary admissions were 30% (30%; 25%).

Interpretation of statistics indicate:

a) A continued rising admission rate, increased by 25% above the prior year. This is the same rate of increase over the last three years and is a compound interest type of increase. If the admissions continue on this trend, we can expect over 1,000 admissions within four years. The chart shows no evidence of a "peaking out" process as yet.

b) The Voluntary admission rate at the same percentage is a greater but insufficient number of patients in this category. Too many patients still reach us by commitment procedures.

c) The admissions being divided into first and readmissions is becoming a meaningless statistic, on a local level. Most readmissions have never before been in this hospital but are counted as such because they have been in some psychiatric hospital, somewhere in the country.

d) Diagnoses of admissions continue to indicate that Schizophrenia, Old Age and Personality Disorders are our major problems.

Separations: were 751 (580; 462) composed of 611 (473; 366) discharges; 35 (26; 14) transfers; and 105 (81; 82) deaths. Discharges equalled 93% (88; 84) of admissions. Deaths represented 5.56% (4.47; 4.77) of patients under treatment.

a) Discharges are a complex of discharges from acute treatment and continued stay wards and reflect a total hospital treatment programme rather than any one area. Again in contrast to admissions they represent a substantially higher rate if the elderly are excluded. If the admission of elderly persons continues high and the discharge rate of "chronic" patients drops (as it must in future, due to "back-log" now being discharged); the discharge rate over-all will drop in percentage without any real change in activity of the hospital. It may be necessary, in future, to subdivide discharges to make the statistics meaningful.

b) The discharges continue to be mainly in the category of Schizophrenia.

c) The death rate is in keeping with expectations with our aging population and admissions of elderly persons.

Hospital Stay: A further decrease in the number of patient days in hospital

was experienced with the figure being 368,887 (400,142; 424,294). The average population dropped to 1,011 (1,096; 1,163).

Many factors influenced the total reduction of time in hospital with the release of many "long stay" patients being a substantial reason. The shortened stay of many psychotics is counterbalanced by an increasing number of Personality Disorders needing a year or two of therapy.

Clinical Services - Intramural

Medical: The pattern of hospital activities is largely geared to the availability of medical personnel to prescribe the therapeutic effort. In this area we are at our best level for some years, although the admission rate places great pressure. Our staff is now composed of: 4 certified psychiatrists; 1 certified surgeon; 2 experienced psychiatrists; 1 general practitioner (part-time); 3 psychiatric residents; 3 internes. The internes are classed as such due to registration qualifications; all have years of experience in medicine and psychiatry.

This complement allowed a broad based treatment programme:

a) Ataractic and anti-depressant drugs in combination with group and individual psychotherapy, can now be said to be the basic therapies. Over 90% of all admissions and 80 to 90% of long-term patients are treated by these methods.

b) 79 patients received 3,914 insulin coma treatment. This complex and difficult treatment remains a cornerstone of therapy, but is becoming more restricted in its application. It may be anticipated that its use will be reduced in the future due to the other available treatments that are less time consuming.

c) 204 patients received 1,721 electro-convulsive treatments. This treatment remains a simple and effective procedure for obtaining acute resolution of symptoms of psychosis and for the treatment of depression.

d) After some years of absence, leucotomy operations were again performed on 3 patients. This operation is indicated in a few selected cases who have not responded to treatment by other methods.

Although these treatment measures are, in combination, more effective than ever before, there is still a proportion of cases, about 10%, who do not respond to acute treatments. This leads to an accumulation of cases and may have portents for the future.

Most treatment efforts are directed to the problem of Schizophrenia. Affecting about 1% of the general population, this disease leads to nearly 50% of all admissions and occupies about 75% of treatment time. The group of Personality and Behaviour Disorders is requiring an increasing amount of effort. The pressure for admissions of elderly persons is great. Although a group of the elderly should properly be admitted to a mental hospital, most should not and alternative solutions must be found.

Each case is discussed in a treatment conference and an individualized treatment programme is outlined. The total process of therapy has led to a most active year for the medical staff and has placed them under great pressure.

Psychology: With 1 Ph.D. and 2 M.A.'s the activity of this Department has increased in scope and in usefulness. The Department participates in teaching programmes, research activities, group therapy and in psychological testing and evaluation procedures. Patients seen included 423, 64 of whom were children, for 1,393 testing procedures. In addition, hours of professional

occupation were used as: 112 for group therapy sessions on a regular basis; 180 hours for research; 40 hours of teaching and 30 hours in the selection of student nurses.

Nursing: This Department continues to be the back-bone of care for patients, in spite of serious problems in obtaining sufficient numbers of qualified personnel. The service was reorganized during the year in an attempt to make the best use of its skills. All nursing is now under one head and male and female staffs are interchanged in programmes rather than being assigned by sex of patients cared for.

A larger class of students was inducted for training under the new curriculum. At present the School has 52 students. In addition, the School has activated programmes of in-service training for supervisors, graduates and nurse aides. The affiliation for students from the Grace and St. Boniface Hospitals continues. A psychiatric orientation course for Public Health Nurses is under way and the first 12 nurses from the City of Winnipeg have been trained in this course.

Infirmiry Services: The Infirmiry Unit is set up to give care to the hospital infirm and to the elderly patients. Its reputation has spread and it is always over-full. We must resist admissions that would prefer our facilities, but can be adequately handled elsewhere.

Consultative services are provided in co-operation with numerous other institutions: X-ray consultant is Provincial; Tuberculosis services by the Central Tuberculosis Clinic; Tuberculosis with psychosis (females) by the Brandon Mental Hospital; complicated laboratory procedures by the Provincial Laboratory; post mortems by the Pathology Department of the Winnipeg General Hospital; E. K. G. 's by a consultant at the University of Manitoba; E. E. G. 's by a consultant at the Winnipeg General Hospital; medical and surgical out-patient care by the Winnipeg General Hospital; in-patient care by the Winnipeg General Hospital and St. Boniface Hospital. The local General Practitioners give assistance in emergency situations, particularly with admission procedures. The helpfulness of these others saves us from much duplication of facilities and services.

Laboratory: Carried out over 11,200 procedures, plus 2,572 X-ray, s 184 E. K. G. 's and 204 E. E. G's.

Rehabilitation: A major function of the hospital, this programme involves over 300 patients per week. A graded programme of habit training, remotivation, occupational and recreational therapy, music therapy, etc., is a major method of anti-regressive technique which leads to the discharge to other settings of many patients. Results of rehabilitation vary from the return to gainful employment to the ability to adjust in a foster home. Improvement anywhere along this scale is preferable to continued custodial care in hospital.

Volunteers: Activity of voluntary groups grows each year and is of major importance in the "humanizing" influences in hospital. The Canadian Mental Health Association continues to lead in this field and a particular mention should be made of their tremendously successful foster home programme. The Mental Patients' Welfare Association, Veterans' groups, Church groups, the Red Cross, youth groups and individuals too numerous to mention, are of incalculable assistance to us. Their activities vary through the provision of concerts, dances, picnics, birthday parties, shopping trips, typing and school courses, etc.

Dietary and Housekeeping: Our diet and service in these areas has improved very much until now I believe we can say our diet is balanced and nutritiously effective. This has largely been a result of budgetary increases, giving the staff some tools to work with. Supervisory personnel remain in short supply.

Laundry and Maintenance: Working behind the scenes, and labouring under difficulties imposed by a marked drop in patient help, these departments have managed to keep apace of the problems.

Clinical Services - Extramural

Social Services: Headed by an M. Sw. and incorporating a staff of social workers, trained and untrained; registered nurses and psychiatric nurses, this is one of the most rapidly expanding departments. By application of their particular skills the rehabilitation and follow-up care of patients is greatly assisted. During the year the workers travelled over 40,000 miles, carried a monthly average case load of 233 patients; compiled histories on 204 cases; supervised 126 foster homes. The Department now has 917 active files of which 561 were opened in 1963.

Out Patient Department: Including mental health clinics in Selkirk, Beausejour and Gimli, this Department saw 1,832 out patients (1,092; 746) for 6,081 visits (4,421; 3,020). New patients were 561 (395; 243) and carry overs 1,271 (697; 503). The growth is an indication of the acceptance of this type of therapy. Many patients are treated and maintained as Out Patients without admission and subsequent disruption of their lives. Provision of medications in this area continues to take about one-third of our drug budget.

Educational Activities: Include a) the course of training for Psychiatric Nurses leading to licensing, b) in-service nursing courses for supervisors, graduates and nurse aides, c) affiliate courses for Registered Nurse students from Grace and St. Boniface Hospitals, d) orientation courses for Public Health Nurses, e) one-day service visits by fourth year medical students in nine groups, f) participation in the Postgraduate Psychiatry Course with The University of Manitoba for Residents in training, g) seminars for groups, for example, Clergy, youth groups.

Four of our medical staff have University appointments in the Department of Psychiatry, Faculty of Medicine.

In the coming year we anticipate arrangements for the training of student psychologists and affiliation of social work students.

Construction

This year saw the structural completion of a new Out Patient and Acute Treatment area to be known as the Selkirk Psychiatric Institute. Its design, furnishings, etc., have been particularly set to satisfy the needs of mental illness, with an approximation to home living and a downgrading of "hospital" atmosphere. The Provincial Architect, his assistants and consultants, have brought about a building which promises a new era in modern and humanitarian therapy.

It promises to be useful in the areas of allowing for segregation according to needed therapy; the concentration of physical therapies in an area, and the provision of living amenities to assist recovery. The Out-Patient Department area will assist in more efficient handling of the large demands in that area. Our expectations for this building are high.

It is expected that this building, at least for the foreseeable future, brings to a close the construction of beds at Selkirk Mental Hospital. Buildings, except for the provision of working space for professionals, now appear less useful than adequate provision of staff for treatment.

Summary and Conclusion

This report adds up to an exposition of a hospital in transition into an active treatment centre. The hospital is more and more the locus of professional help for the mentally ill; and less and less an isolated custodial unit. Brick and mortar development appears concluded and people for treatment are the important factor.

The demands for treatment and for teaching activities are very great. All aspects of the hospital services are strained, but are rising to the demand and are to be complimented on their endeavour.

Selkirk Hospital for Mental Diseases

(a) Statistical Summary: January 1st, 1963 to December 31st, 1963.

				Previous Year Total
1. <u>Movement of Patient Population</u>	<u>M.</u>	<u>F.</u>	<u>T.</u>	
On Register as at December 31st, 1962	659	570	1,229	1,275
On Probation as at December 31st, 1962	69	89	158	140
Remaining in Hospital as at December 31st, 1962	590	481	1,071	1,135

Admissions:

	<u>M.</u>	<u>F.</u>	<u>T.</u>	
Direct Admissions	208	201	409	
Transfers	103	145	248	
Total Admissions	311	346	657	

Separations:

Discharges	276	335	611	
Deaths	51	54	105	
Transfers (to other Mental Hospitals)	14	21	35	
Total Separations	341	410	751	
Patients Remaining in Hospital December 31st, 1963	539	422	961	
Patients on Probation as at December 31st, 1963	90	84	174	
Patients on Register as at December 31st, 1963	629	506	1,135	

2. Additional Data

	<u>1963</u>	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>
1. Average Daily Patient Population	1010.25	1096.28	1162.46	1214.81	1246.43
2. Change in Patient Population	-94	-64	-34	-62	-12
3. % Discharged of Total Admissions	93.10	88.58	84.52	77.29	69.16
4. % Deaths of Total Under Treatment	5.56	4.47	4.77	4.83	4.98

SELKIRK HOSPITAL FOR MENTAL DISEASES

(b) Discharges by Diagnosis and Length of Stay

Diagnosis	0-3			4-6			7-12			1-2			2-5			Over 5			Total		
	Months			Months			Months			Years			Years			Years					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Schizophrenia	42	54	96	41	43	84	20	23	43	13	11	24	3	9	12	12	49	61	131	189	320
Affective Psychoses	7	15	22	4	6	10	2	1	3	2	0	2	-	-	-	4	5	9	19	27	46
Paranoid Conditions	3	2	5	-	1	1	-	-	-	1	-	1	2	2	4	3	-	3	9	5	14
Involutional Psychosis	2	9	11	1	5	6	-	1	1	-	3	3	-	-	-	-	2	2	3	20	23
Psychoses with Old Age	4	2	6	1	1	2	2	2	4	-	1	1	-	1	1	-	-	-	7	7	14
Psychosis Secondary to																					
Disease of the																					
Nervous System	5	5	10	1	1	2	-	-	-	2	-	2	-	1	1	-	2	2	8	9	17
Other Psychoses	10	3	13	3	3	6	-	1	1	-	4	4	-	-	-	-	-	-	13	11	24
Chronic Alcoholism	20	4	24	9	-	9	-	-	-	-	1	1	-	-	-	-	-	-	29	5	34
Psychoneurosis	7	16	23	-	1	1	-	4	4	-	3	3	1	-	1	-	-	-	8	24	32
Pathological Personality	19	13	32	4	4	8	-	3	3	2	1	3	1	1	2	2	-	2	28	22	50
Other Non-Psychotic																					
Disorders	11	5	16	1	2	3	2	1	3	3	1	4	2	2	4	2	5	7	21	16	37
	130	128	258	65	67	132	26	36	62	23	25	48	9	16	25	23	63	86	276	335	611

Manitoba School

Centred at Portage la Prairie, this school is designed to cope with problems resulting from mental retardation.

Geared to handle approximately 1,100 patients over the age of six years, programmes include school classes for children capable of assimilating training; and social and work training leading to rehabilitation in the community provided for adolescents.

Approximately 40% of patients at the Manitoba School can profit only from custodial care.

Also, local placement projects are underway to better prepare adults for community living.

A. Hospital and Infirmary.

The most recent need became very apparent in 1963, when the number of children with cerebral palsy and physical disability grew to 190, and treatment facilities became urgent. An active cerebral palsy treatment clinic was set up to include both males and females. Equipment was assembled and definite physiotherapy and occupational therapy programs instituted. Here, the Medical Director of the Manitoba Rehabilitation Hospital and his staff provided strong support.

Statistics:	Staff Involved	6
	Cerebral Palsy Cases	63
	Physically Disabled	127

This very active and successful program is proceeding as quickly and on as large a scale as resources will allow.

B. School Department.

This is a complex within the total complex, and comprises several kinds of classes with adjunctive services of occupational and recreational activities which eventually lead to socialization and abilitation classes using projective techniques. The uneducable do not participate, but remain the area of simple training which equips them to live on as acceptable a basis as possible, but under the supervision of school staff assisted by ward staff.

Statistics:	Staff Involved	12
	Number of Classes	15
	Number of Pupils	264

C. Abilitation Programme.

Although for many years occasional individuals were found work situations in the community, there was no formal structure either in programme or staff. With the appointment of two social workers in 1963, and a recognized framework of procedure, efforts are now definitely sighted to abilitation. In addition, to the Broadway Home Agency, a number of patients have been placed in the immediate community to test their abilities and adjustment in society.

Statistics:	Staff Involved	3
	Community Placements:	
	Females	29
	Males	17

The ultimate aim is adjustment in the larger community, and independence wherever it can be attained.

D. School of Nursing.

Well trained staff is essential to the success of any of our programmes. With a group of humans whose awareness is limited, their person and environment must be managed completely, and to accomplish this, not only knowledge, but understanding, has to be the armamentarium of those that manipulate the total situation. This total responsibility is taught in our School of Nursing on as comprehensive a basis as possible.

Statistics:	Staff Involved	3
	Students:	
	Male	25
	Female	32
	1963 Graduates:	
	Male	3
	Female	15

E. Residential Care.

This group comprises the majority. They are not sick or disabled except for minor psychiatric disorders and emotional troubles. Housing, feeding, and clothing are the major procedures, with the maintenance of good personal hygiene perhaps the most difficult and distressing responsibility at least for the severely retarded.

Staff Involved	409
Population	1,101

Regardless of any other activity, residential provisions are basic to participation of all in the total daily action.

F. Cottage Living.

An outstanding feature of 1963 will prove to be the commencement of the cottage system. This system designed for small numbers and with home-like maintenance will reduce the hazards and undesirable features of mass living, and lead to quicker and better abilitation. It is well known that the total step from mass living to community adjustment fails in so many instances that there is much loss of time and effort. An intermediate step seems essential, and this is the cottage system. The projected statistics are:

Staff Involved	21
Cottage Numbers	30 per cottage (three cottages)
Special Provision	Female House-Mother

MOVEMENT OF PATIENT POPULATION

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Remaining Under Treatment December 31st, 1962.	573	497	1,070
First Admissions	33	49	82
Re-admissions	15	9	25
Discharges	29	18	46
Deaths	13	14	27
Remaining Under Treatment December 31st, 1963.	579	523	1,102

ADMISSIONS AND RE-ADMISSIONS - 1963

Environmental Situations:	Urban	63	Rural	44
Degree of Education:	67 Illiterate		40 Literate	
Nativity:	106 Canada		1 Germany	
Marital Status:	107 Single			
Ages:	6 and under - 4;	7 to 10 - 27;	11 to 19 - 47;	
	20 to 29 - 12;	30 to 39 - 11;	40 to 49 - 4;	
	50 and over - 2.			

Deaths Totalled 27 - 13 males and 14 females.

PSYCHOLOGICAL MEDICINE AND OUT-PATIENTS:

Number of out-patients	209
Other Services (x-ray, lab., E. S. T. and E. E. G.)	87
Number of Interviews	199
Psychological Tests	93

STAFF TRAINING:

Number of Student Nurses Enrolled	56
Number of Student Nurses Graduating	18

Affiliations:

A. For Manitoba School Nurses

Brandon Mental Hospital (24 wks.)	12
Winnipeg General Hospital (16 wks.)	9

B. Provided by the Manitoba School for

Brandon Mental Hospital (6 wks.)	28
Selkirk Mental Hospital (6 wks.)	10

This was the first year of writing qualifying examinations leading to Registration in the Psychiatric Nurses Association.

Number of Students Writing These Examinations	17
Number of Students Qualifying	17

SCHOOL STATISTICS:

Total Number of Pupils as at December 31st, 1963.	135
Total Number of Extra-Curricular Pupils	118

CRAFTROOM:

Approximately 134 girls were occupied daily with craft work.
This year approximately 372 articles were made or mended for this institution.

SEWING ROOM:

Items for wards, dining rooms, etc.	8,790
Patients' Clothing	6,668
Staff - new uniforms	1,809
Staff - uniforms altered and mended	2,916
Laboratory Procedures	4,165
E. C. G.	53
E. E. G.	112
X-Ray Examinations	2,254

SOCIAL SERVICE STATISTICS

Our Social Service Department, as such commenced in August, 1963.

Cases Being Serviced	182
Cases Transferred	21
Cases Opened	<u>37</u>
Total Caseload	243
Office Interviews	337
Home Visits	92
Trips Outside a 10 Mile Radius of Portage la Prairie	5
Consultations With Other Staff Members	98

Overall per capita cost per day of operating Institution - \$4.55

Total Cost of Operation in 1963 - \$1,684,624.31.

Farms' Management

Mental Hospital Farms

Three institutional farms at hospitals for mental diseases are supported by the department - Brandon, Selkirk and Portage la Prairie.

Food for institutional use is produced on some 4,100 acres of land. Herds of dairy cattle are maintained on these farms to provide fluid milk for the institutions, and to make available well-bred, sound dairy stock to farmers throughout the province.

These farms also form an integral part of the occupational therapy and rehabilitation programme for the mentally ill.

Landscaped grounds surrounding the hospitals are also maintained for the most part by occupational groups of patients under the direction of trained farm staff.

The greenhouses not only supply the bedding plants for the flower beds and vegetable gardens each Spring but also endeavour to meet the increased demand for plants and flowers for use in the Hospitals and wards the whole year round.

Field Crops and Gardens - The heavy rainfall in the Spring of 1963, which saturated the soil during the months of May and June, hampered seeding operations well past the middle of June at the Hospital for Mental Diseases, Selkirk. Yields of most crops at this Institution, besides being of very inferior quality, were greatly reduced.

At the Manitoba School for Mentally Defective Persons, Portage, seeding was also delayed due to excessive moisture but due to a lighter type of soil together with better soil drainage the crop on this farm held great promise until a severe hail storm struck in July. The northern section of the farm received approximately 80% hail damage, and some of the vegetable crops were also damaged by the hail.

The Hospital for Mental Diseases' farm, Brandon, enjoyed a much more favorable season and yields of most vegetables and cereal crops were comparatively good.

Due to the very light snowfall over most of the Province and the intermittent thawing and freezing during the winter of 1962-63 there was a great amount of winter kill, especially in the alfalfa hay crops.

Over 209 tons of seasonable vegetables were supplied by the farms for use in the institutional kitchens during the growing season with approximately 660 tons put into storage for use during the winter.

LIVESTOCK

Cattle - The purpose of the dairy herds is to produce all the fluid milk required for use in the Institutions, and also make available good, well bred sound dairy cattle to farmers and dairymen throughout Manitoba. The latter, of course, only after our own institutional herd replacements are taken care of.

Through the use of artificial insemination, new blood lines - from top Canadian bulls - are being introduced into the herds and the progeny from many of these bulls are being kept as future herd sires.

Hogs - The swine herds are kept entirely for the supplying of fresh pork and pork products for use in the institutions. Top breeding boars are purchased from Manitoba's leading swine herds in order to maintain the highest quality pork possible from the type of hogs being raised.

Machinery, Implements and Equipment - A programme was implemented a few years ago in an endeavour to alleviate as much of the physical labour as possible from the farming operations. This mechanization programme has relieved many patient work parties of much of the heavy labour - thus they can now be occupied in the lighter and more enjoyable work in the gardens and about the grounds. With the exception of the work in the gardens the mechanization programme is now practically completed.

To ensure the full use of our man power in the busy season, as well as an endeavour to cut down on heavy expensive repairs, our policy is to replace worn and obsolete machinery and implements with new replacement equipment.

Appreciation - For their interest and co-operation the administrative and farm staffs are again deserving of appreciation. Also, our thanks are extended to the staff of the Department of Public Works for their interest and attention to matters coming under their jurisdiction pertaining to the institutional farms.

FARMS' MANAGEMENT

Land Use and Field Crops and Gardens

Total Farm Acreages -	<u>Brandon</u>	<u>Selkirk</u>	<u>Portage</u>	<u>Totals</u>
Field Crops	490	465	333. 28	1, 288. 28
Hay and Pasture	1, 172	679	289.	2, 140.
Potatoes and Vegetables	94	44	69.	207.
Hospital grounds, roads, undeveloped land, etc. (rented land included)	244	169. 89	84.	497. 89
Total Acreages -	2, 000	1, 357. 89	775. 28	4, 133. 17

Grain and Forage Crops

Oats, bus.	19, 115	5, 000	6, 025	30, 140
Barley, bus.	1, 140	300	--	1, 440
Ensilage, ton	480	155	306	941
Hay, ton	221	303	--	524
Hay, bales	--	--	1, 504	1, 504
Sweet Clover - ton	197	--	--	197
Mangels - lbs.	120, 500	--	--	120, 500
Straw - ton	--	43	--	43
Straw - bales	6, 000	--	3, 600	9, 600

Staple Vegetables Supplied to the Institutions - 1963

	<u>Brandon</u>	<u>Selkirk</u>	<u>Portage</u>	<u>Totals</u>
Beets - lbs.	25,250	7,890	20,720	53,860
Cabbage - lbs.	38,420	9,638	36,540	84,598
Carrots - lbs.	61,440	14,297	35,420	111,157
Onions - lbs.	43,240	8,618	25,560	77,418
Parsnips - lbs.	12,525	2,110	10,305	24,940
Turnips - lbs.	28,065	7,381	29,560	65,006
Potatoes - bus.	6,410	3,001	5,392	14,803

Livestock Production - Sales and Inventory - 1963

Cattle and Milk Production:

	<u>Brandon</u>	<u>Selkirk</u>	<u>Portage</u>	<u>Totals</u>
Returns from SALE OF CATTLE	\$10,029.51	\$7,328.04	\$5,669.50	\$23,027.05
Number of head on hand	244	190	165	599
Milk and Cream to Institutions, lbs.	1,226,400	859,539	785,210	2,871,149
Milk fed to Stock	182,545	31,528	84,320	298,393
Total Production	1,408,945	891,067	869,530	3,169,542

Hog and Pork Production, Sales and Inventory - 1963

Returns from SALE OF HOGS	\$ 515.87	\$5,290.70	----	\$ 5,806.57
Number of Hogs on hand	231	253	----	484
Pork Supplied to Institutions, - lbs.	53,797	27,534	----	81,331

Broadway Home

Functioning as a "Half-Way House", between the Manitoba School for Mentally Defective Persons, and complete freedom in the community, the Broadway Home directs a programme towards the rehabilitation of mentally retarded girls and boys.

Female patients are first placed in Broadway Home, graduate to foster homes and are finally put on probation and discharged.

Male patients are placed in foster homes where they "live in" and finally put on probation and discharged.

To qualify for this level of rehabilitation, patients must be able to support themselves by their earnings, and be able to work in a community in complete control of their own behaviour.

The Broadway Home Rehabilitation Scheme for Mentally Retarded Adults has continued to function during the year 1963 in a very similar manner to that of the preceding year 1962. That is, men and women from The Manitoba School at Portage la Prairie have been transferred to Winnipeg, found foster homes and employment. Perhaps the greatest change in the services we have been able to offer to these clients has been in the area of facilities for men. This is the result of having a male social worker added to our staff who have been able to take charge of our male clients and therefore provides more adequate recreational facilities and counselling.

Statistics for 1963 in the whole are similar to those of 1962 with slight variations except in the area of total earnings for male clients which shows an increase of \$3,759.00. This is the result of increases in monthly earnings of individual men. This, in turn, may be accounted for by increased work experience in the labour market by our male clients and more counselling and general support.

Our employers and foster homes have been with us for a few years and therefore have more experience in working with mentally retarded people. Also, the general public is becoming more accepting of mentally retarded employees as experience has shown them that the mentally retarded adult is able to offer real service to the community under good supervision and with careful training.

Selection of the right client for the right job demands a knowledge of each individual, physically, intellectually and emotionally; a thorough knowledge of the demands of the work situation on the same basis is necessary in order that the client may start off on his rehabilitation to the community successfully.

Reports from and consultations with other provinces and the U. S. A. have convinced us that we are offering a service as good as, and in many cases better than, any programme for the rehabilitation of mentally retarded adults on this continent.

INTERIM ANNUAL REPORT 1963
BROADWAY HOME - REHABILITATION

STATISTICS

		<u>1963</u>	<u>1962</u>
Total No. of Clients Cared for During 1963	Men	35	43
	Women	<u>29</u>	<u>27</u>
		64	70
Total No. in Care, December 31, 1963	Men	23	28
	Women	<u>23</u>	<u>23</u>
		46	51
New Admissions	Men	11	16
	Women	<u>6</u>	<u>3</u>
		17	19
Total No. of Discharges	Men	3	0
	Women	<u>8</u>	<u>3</u>
		11	3
Total No. of Clients on Probation, December 31, 1963	Men	-	4
	Women	<u>3</u>	<u>5</u>
		3	9
Total No. of Clients Self-Supporting (financially) December 31, 1963	Men	10	7
	Women	<u>6</u>	<u>10</u>
		16	17
Total Days Care	Men	9,738	7,345
	Women	<u>7,900</u>	<u>8,727</u>
		17,638	16,072
Total Days Employment	Men	7,660	6,392
	Women	<u>6,000</u>	<u>6,665</u>
		13,660	13,057
Total Earnings	Men	\$13,685	\$9,926
	Women	<u>8,873</u>	<u>9,806</u>
		\$22,558	\$19,732
Total Maintenance Repaid by Clients (Revenue)	Men	\$ 2,880	\$ 2,515
	Women	<u>1,729</u>	<u>1,876</u>
		\$ 4,609	\$ 4,391
Total Number of Employers of	Men	22	20
	Women	<u>17</u>	<u>17</u>
		39	37
Total Number of Foster Homes Used During 1963 for	Men	22	19
	Women	<u>7</u>	<u>9</u>
		29	28
	Plus Broadway Home.		

HEALTH

HEALTH SERVICES

This Section is responsible to the Deputy Minister for administration of public health services, and laboratory and X-ray services. Public health services are carried on within the City of Winnipeg by the City Health Department which acts independently of the provincial services, but receives financial and consulting support from the provincial department. Outside of the City of Winnipeg, 75% of the people receive public health services through local health units, directed by a full time medical health officer, with a staff of full time public health nurses, and an appropriate number of public health inspectors. In the areas not served by local health units, The Public Health Act requires the appointment of a part-time medical director. These men are supported by the Section of Preventive Medical Services, the Public Health Nursing Division which assigns public health nurses to these areas, and the Section of Environmental Sanitation which supplies public health inspectors to these areas. These areas, however, lack the co-ordination of a full time medical director, and there is no organized public health program. This Section is also responsible for the administration of services used to back up the health services in the field, that is, the Section of Preventive Medical Services, Environmental Sanitation Section, Fred T. Cadham Public Health Laboratories, Dental Services, and the Public Health Nursing Division. During the past year, the Director of Health Services assumed administrative responsibility for Northern Health Services, and the health component of Care Services.

The Department, through this Section, does not provide direct medical care to any area. However, under The Health Services Act the approval of the Minister is required to set up a Medical Care District, and also approval of the contract which is made between the municipality and the practising physician in Medical Care Districts. Nine Medical Care Districts had contracts in operation during the year for the provision of general practitioner service to the residents of their areas. The provision is also made under Part III of The Health Services Act for a grant of \$.50 per capita for persons in a Medical Care District where the municipality is also included in a local health unit and a laboratory and X-ray unit.

The number of local health units remained at fourteen this year, and the number of laboratory and X-ray units remained at six. However, several extensions of the boundaries of these units were affected during the year. On April 1st, 1963, the Rural Municipality of Shellmouth joined the Birtle-Shoal Lake Local Health Unit and Laboratory and X-ray Unit. At the same time, agreements were made with the Federal Government to extend the services of the Selkirk Local Health Unit to Indian Reservations at Fort Alexander and Scanterbury. Later, the Selkirk Local Health Unit and Laboratory and X-ray Unit were extended to include the Local Government District of Pinawa. The population of this area is growing rapidly, and there is a lot of new construction. This entailed a lot of work on the part of the public health inspector in that area. The Neepawa Local Health Unit and Laboratory and X-ray Unit were extended by inclusion of the Rural Municipality of McCreary and an additional portion of the Local Government District of Alonsa. This extension included acquiring a new substation for both laboratory and public health services at the McCreary Hospital. The Portage la Prairie Local Health Unit and Laboratory and X-ray

Unit were extended by the inclusion of the Rural Municipality of Grey and the Village of St. Claude, including St. Claude Hospital. At the end of the year there were active enquiries concerning possible extension of laboratory and X-ray units into the Red River Health Unit area and the Stonewall Health Unit area, and the inclusion of Pine Falls Hospital within the Selkirk Laboratory and X-ray Unit. The provision of public health services to Indian Reservation in the Selkirk Health Unit has proved to be a satisfactory arrangement, and it is probable that this service will be gradually extended to include Reserves in other areas of the province. Exclusive of the City of Winnipeg, some 483,965 people are now receiving full time public health service by fourteen health units. This is an increase of 6,735 persons in the past year. Laboratory and X-ray unit services are available to 174,202 people.

LOCAL HEALTH UNITS

Supported by the diverse administrative and technical skills within the department, a local health unit is essentially the "Department of Health" in the community it serves.

Fourteen units are firmly established in the province providing full-time health services to 75 per cent of the population, exclusive of Winnipeg.

Each local health unit is administered by a Medical Director, and the combined staff of all units includes approximately 30 public health inspectors and 97 public health nurses.

RECORD OF POPULATION, ESTABLISHED POSITIONS, STAFF VACANCIES, AND STAFF ON COURSE IN HEALTH UNITS - 1963

Health Units	Population	Medical Directors	Public Health Nurses	Public Health Insp.	Clerical	Nurses Aids
Brandon	33,407	1	8	3	1	
Dauphin	23,830	1	6	1	2	
Kildonan	61,611	1	8	2	3	
Neepawa	27,260	1	6	2	2	
Portage	33,086	1	6	2	3	
Red River	25,236	1	5	1	2	
St. Boniface	51,848	1	8	3	3	
St. James	85,017	2	12	5	5	
Selkirk	38,995	1	8	3	3	
Swan Valley	16,169	1	5	1	1	
Northern	19,334	1	4	1	1	
Stonewall	21,544	1	6	2	2	
Virden	24,395	1	6	1	1	
Birtle-Shoal Lake	22,238	1	5	2	2	
Northern Health Services	18,494	2	4	3	3	3
Total	502,459	17	97	32	34	3
Vacancies		4	5	3	3	1
On Course		2	9	4		

Under the guidance of a Medical Director, each local health unit is responsible for:

Maternal and Child Hygiene

Assistance is given expectant and new mothers regarding maternal hygiene, infant care and maternal and infant nutrition.

Also demonstrations of special physical exercises are provided for expectant mothers and public health nurses who make home visits to new mothers to give advice and demonstrations on maternal care, general baby care, feeding and bathing.

Instructions and Education

a. Prenatal Instruction	
1) No. of Classes	655
2) Attendance	5,417
b. Meetings Attended or Held	443

Communicable Disease Control

Each local health unit carried out a continuous immunization and vaccination program designed to modify or prevent outbreaks of smallpox, diphtheria, whooping cough, tetanus, poliomyelitis.

This service is available to all residents in a local health unit area.

Specific immunization against diseases such as typhoid fever, infectious jaundice, measles, tuberculosis and influenza is provided as the need arises.

Other measures taken to control communicable diseases includes a program of quarantine, isolation and education.

Immunization in Health Unit Areas

a. Smallpox Vaccination	9,443
b. Smallpox Re-Vaccination	21,612
c. DFT (Series Completed)	121
d. DPT - Augmenting	2,879
e. D. T. (Series Completed)	2,287
f. D. T. - Augmenting	16,066
g. Polio - Series of 3 doses	620
h. Polio - Boosters	3,594
i. DPT with Polio (Series Completed)	8,995
j. D. T. with Polio - Augmenting	8,515
k. Typhoid & Paratyphoid	
1) Number having Completed Series	2,877
2) Number having Booster Doses	38
l. Other Specify	
1) Tetanus	14
2) Gamma Globulin	121
3) T. A. B. T. Series	36
4) T. A. B. T. - Augmenting	10
5) Typhus	2
6) Skin Reaction	8
7) Diphtheria	37
8) Flu Vaccine	6,363
9) "K" Injection	1
10) Quad Booster	791

m. Tests	
1) Schick	743
2) Tuberculin	3,994

Venereal Disease Control

Local health units provide assistance to the Provincial Bureau of Venereal Disease Control by investigating and locating cases in rural areas, and arranging for treatment.

Treatment drugs are carried in all units and distributed free to practising physicians.

Venereal Disease Incidence in Health Unit Areas

a. New Cases of Syphilis	22
b. New Cases of Gonorrhoea	149
c. Contacts of V. D.	28
1) Named	126
2) Located	96
d. Field Visits	162

Tuberculosis Control

Under the guidance of the Sanatorium Board, all local health units carry a continuous tuberculosis supervision program. This ensures that all cases and contacts throughout the Province are x-rayed regularly and are complying with procedures recommended by the Sanatorium Board medical staff.

Local health units also assist in administration of regular chest x-ray and examination clinics and mass x-ray surveys.

Tuberculosis Incidence and Follow-Up in Health Unit Areas

a. New Cases Reported - Total	121
1) Arrested	8
2) Active Bacillary	77
3) Non-Pulmonary	7
b. Total cases under supervision at home	1,586
c. Total cases in Sanatorium	296
d. Number of Chest X-Ray Clinics	13
1) Attendance of Cases	124
2) Attendance of Contacts	224
e. Field Visits	2,449

Infant Hygiene

The largest individual service provided by local health units is the Child Health Conference or Well Baby Clinic.

These Clinics:

- provide advice on nutrition, feeding habits, general care and hygiene
- observe and record growth, weight and measurements
- supervise development of babies and pre-school children
- provide medical examinations and advice on defects and treatment
- administer immunizations against communicable diseases.

Pre-School Children

Children of pre-school age (one to six years) receive a complete range of health services including pre-school medical examinations. Any defects discovered are referred to the family physician for correction.

School Hygiene

Each local health unit provides an active school health program.

Children in certain school grades are examined by nursing staff. Others are examined by the Medical Director.

Children of any grade may be referred for medical examinations by parents or teachers.

To ensure correction of defects, public health nurses do follow-up home visits.

Special emphasis is placed on group checking of school children for communicable and skin diseases.

Immunization against diphtheria and tetanus is offered to all grades and practically all school children have received poliomyelitis immunizations.

Medical Services

a.	Consultations and Diagnostic Visits with Physicians	783
b.	Meetings Attended	528
c.	Medical Examinations	
	1) Pre-schoolers	4,186
	2) School Children	3,016
d.	Defects Detected	
	1) Pre-schoolers	657
	2) School Children	1,715
e.	Defects Treated and Corrected	310
f.	Field Visits	274

Nursing Services, School Health

a.	Pupils Interviewed by Nurses	
	1) Visions only	29,582
	2) Audiometer Testing	3,162
b.	Teachers Interviewed	
	1) re: Pupils	7,988
	2) re: Health Programme	3,982
c.	Group Instruction	82

Adult Health

Medical and nursing services are made available to adults at the request of their physicians. These services are provided mainly on an educational basis and includes bedside nursing care, demonstration, and in some cases, treatment.

Visits

a.	Prenatal	1,414
b.	Post-natal	9,495
c.	Infant	11,861
d.	Pre-schooler	10,548
e.	School Child	11,258
f.	Adult	10,222
g.	Rheumatic (Prophylaxis)	767
h.	Diabetic	209
i.	Special Drugs	97
j.	Nursing Care and Demonstration Children	1,734
k.	Home Care for Adults	1,976

l. Number of Homes Visited	33,040
m. Number of Calls on Officials, Doctors, etc.	3,045
n. Other Health Clinics	337
Other Treatment Clinics	420
Other Home Visits	2,461

Institutional Visits

a. Aged and Infirm Homes	110
b. Child Boarding Homes	156
c. Day Nurseries, Kindergartens	41
d. Foster Homes	176
e. Nursing Homes	21

Crippled Children and Adults

Each local health unit maintains a registry of crippled children within the unit area.

Through the "Society for Crippled Children and Adults", treatment is now available to all crippled children in Manitoba.

In rural areas the Society channels its operation mainly through local health units.

Crippled Children, Adults

a. Field Visits	861
b. Diagnostic Clinics - Number Held	12
1) Attendance	79
c. Physiotherapy Clinics - Number Held	1
1) Number Receiving Treatment	--
d. Visits to Cancer Patients	84

Mental Hygiene

Child guidance services are made available to some local health units in rural areas by the Provincial Psychiatrist and staff of Provincial Hospitals for Mental Diseases. In suburban areas of Winnipeg the Child Guidance Clinic is used.

Mental Health Activities in Health Unit Areas

a. Field Visits	1,806
b. Mental Health Clinics	
1) Number Held in Unit Area	175
2) Attendance	1,347
c. Speech Therapy	
1) Number of Clinics	19
2) Attendance	160

Health Education in Health Unit Areas

A continuous health education programme is carried out through day-to-day activities in local health units by medical directors, public health nurses, sanitary inspectors and office staff. Operations in this field are supported by pamphlets, books and posters on all aspects of health, available free of charge to the public.

Some units have full-time health educators on staff.

Education

a. Meetings	675
b. Presentations Given	215

Field Instructions (No. of Days)

a. With New Staff Members	537
b. With Hospital Students	845
c. With University Students	134.5

Sanitation

Activities in each local health unit include work in Sanitation, Food and Milk Control. Duties involve:

- supervision and inspection of sewage disposal
- control on methods of garbage collection and waste disposal
- inspection of plumbing installation and drainage systems
- investigation of unsanitary conditions and premises
- supervision of industrial premises and offensive trades
- inspection of tourist and industrial camps, schools and public premises
- control of rodents and other pests
- inspection of food and milk-handling establishments
- laboratory analysis of water and milk
- inspection of water supply systems.

Sanitation Services in Health Unit AreasField Visits:

a. Plumbing Inspection	2,977
b. Sewage Disposal Systems (Private)	1,419
c. Municipal Disposal Systems or Water Supply	926
d. Public Premises and Public Accommodations	1,964
e. Industrial Premises and Offices	228
f. Private Premises	2,577
g. Camps	213
h. Bathing Premises	413
i. Schools	580
j. Vermin and Rodent Control	762
k. Ice Cutting and Storage	20
l. Waste Disposal Grounds	422
m. Nuisances	2,293
n. Institutions and Boarding Homes	827
o. Barbershops	594

Food and Milk

a. Raw milk producers	386
b. Milk Processing Plants	467
c. Food Retail Outlets	1,342
d. Restaurants and Beverage Rooms	2,897
e. Food Processors (Including Ice Cutting & Bottling Plants)	500
f. Food Complaints	87

Sampling and Field Tests

a. Bacteriological Analyses - Water	6,601
b. Milk - Raw	3,761
c. Milk - Pasteurized	3,251
d. Food	218

e. Swab Rinse Tests	915
f. Field Tests (O. T., C. O., etc.)	658

Dental Health Activities in Health Unit Areas

a. Number of Clinics Held	75
b. Number of Dental Days	244 1/2
c. Number of Examinations	4,358
d. Number of Patients Treated	1,846
e. Number of Patients Completed	422

Administrative

Health Board Meetings - Number	121
Staff Conferences - Number	177
Child Health Conferences	2,177
1) Number Held	113
2) Attendance	43,652
a. Infants	21,878
b. Pre-schoolers	21,599
c. School Children	141
d. Adults	74

Laboratory and X-Ray Units

Six health laboratory and x-ray units provide prepaid services to some 168,000 Manitobans.

These units bring medical diagnostic facilities normally found in larger centres, to rural areas.

Laboratory and X-ray technicians depend largely on in-service training and regular visits by supervisory staff from Portage la Prairie. In January, 1963, a Working Committee on Laboratory Services was set up and this met eight times during the year to discuss the quality of work in laboratory units. In conjunction with these meetings, a laboratory control programme was instituted for laboratory and x-ray units and mental institution laboratories in the government service. This consisted of sending control specimens to the laboratories every three weeks for analyses and checking of results against the known values. This did point out some obvious defects in equipment and technique. Follow up visits were made to discuss results with technicians. Two one day refresher courses were held in laboratory procedures during the year for the senior technicians. Twenty-three attended the first held at Portage la Prairie in March, 1963, and eighteen attended the second held at Brandon in October, 1963.

With the opening of the Manitoba Institute of Technology in September, 1963, didactic training of laboratory and X-ray technology was transferred from schools within the Department at Winnipeg, Brandon, and Portage la Prairie to the Manitoba Institute of Technology. At this time X-ray equipment was moved from the school in Portage la Prairie to the Manitoba Institute of Technology along with all the teaching aids. Two senior instructors, Mr. George Grant and Mr. Colin Maxwell also transferred to the Department of Education as instructors in X-ray technology at the new school.

The Department trains regularly, combined technicians who receive full qualification in both laboratory and X-ray technology, to service small hospitals where it is impossible to have separate technicians in both fields. During the year, twelve of these combined technicians were graduated from the training

programmes of the Department. Four technicians in straight laboratory technology and one in straight X-ray technology were also graduated. In September, 1963, seventeen students were selected for the combined technology course, three for the straight X-ray course, and four in the straight laboratory technology course, and commenced training at the Manitoba Institute of Technology.

In January, 1963, purchasing of supplies for laboratories was centralized in a supply depot set up at Portage la Prairie. This has affected more economical purchasing and a closer control on products. Many of these products have limited shelf life and therefore, central supply as well as bulk purchase, controls the quality of these products. Also during the year, a new bio-chemical laboratory was established in the Portage la Prairie General Hospital, and this has been fully equipped. Flame photometers and ancillary apparatus were obtained for three of the laboratories. This equipment allows electrolyte studies to be done in some of the larger rural hospitals. To be of value, electrolytes must be done almost immediately. These studies can be life-saving in some post-surgical cases, severe accidents, burns, and in infants suffering from diarrhoea. The laboratory and X-ray unit at Roblin moved into new quarters in February, 1963, and was equipped with a new X-ray machine. In May, local laboratory and X-ray services were established at the Gilbert Plains Hospital, the technician going from Grandview twice a week to do X-ray work and collect laboratory specimens. A new mobile X-ray unit was installed in the Gilbert Plains Hospital in June, 1963. In August a new 300 mac. X-ray unit was installed in the Dauphin Unit, doubling the equipment at that unit.

RECORD OF POPULATION, ESTABLISHED POSITIONS, STAFF
VACANCIES, AND STAFF ON COURSE IN LABORATORY & X-RAY UNITS, 1963

<u>Lab. & X-Ray Units</u>	<u>Population</u>	<u>Medical Directors</u>	<u>Medical Technicians</u>	<u>Clerical</u>
Dauphin	23,830	1	7	1
Neepawa	27,358	1	6	1
Portage	35,432	1	8	1
Selkirk	35,355	1	6	1
Virden	29,989	1	10	2
Birtle-Shoal Lake	22,238	1	7	1
Supervisory Staff at Portage			3	
Total	174,202	6	45	7
Vacancies			2	
On Course			22	

SUMMARY OF LABORATORY AND X-RAY WORK, 1963

Laboratory & X-Ray Units	No. of X-Ray Examinations		Hospital Admission		Laboratory Work (★DBS Units)	
	In-Patients	Out-Patients	Chest X-Rays	In-Patients	Out-Patients	
Dauphin	2,721	3,807	1,279	43,107	25,511	
Selkirk	1,962	4,047	1,195	30,974	14,707	
Viriden	4,686	2,237	1,504	32,878	34,446	
Neepawa	2,139	3,902	1,053	32,446	21,685	
Portage	2,930	5,361	1,203	50,378	36,573	
Birtle-Shoal Lake	4,081	3,330	1,459	35,749	25,950	
TOTAL 1963	18,519	22,684	7,693	225,532	158,872	
TOTAL 1962	15,744	23,220	Not Available	186,760	128,007	

★ Laboratory work is expressed in Dominion Bureau of Statistics Units (DBS Units). This expresses the various tests performed in fixed units with each unit supposedly representing ten minutes of a technician's time. This is now a standard measurement used in hospital statistics. In large laboratories, with mass techniques, a technician can do many tests simultaneously and thus accomplishes many more DBS units of work. In small laboratories, output in DBS units will be relatively less.

The methods of recording activities in health units was altered during the year. This was done in an attempt to remove ambiguities, duplications, to limit bookkeeping, and to try to produce more meaningful statistics. Because of these changes, the records of activities for the year 1963 cannot be readily tabulated and are therefore, omitted from this report.

ENVIRONMENTAL SANITATION

This group safeguards public health with respect to the living, working and recreational environment.

Work involves:

- provision of potable water supplies
- inoffensive disposal of waste material
- sanitary manufacture, processing, storage and delivery of foodstuffs
- detection and measurement of substances potentially harmful to people at work
- general supervision of plumbing and drainage
- measurement of air pollution
- attention to toxic effects of substances such as preservatives, insecticides and herbicides.

Technical staff includes food specialists, public health inspectors, laboratory technicians, chemists and engineers. The medical aspects of this work is under the supervision of a consultant in industrial hygiene (occupational health).

Work is directed through five sections. Food Control, Industrial Hygiene, Public Health Engineering, Public Health Inspection and the Provincial Sanitary Control Commission.

Public Health Engineering

Practical assistance and service is the keynote of the engineering branch: as a result, much of the work is to do with the operation of municipal waterworks and sewage treatment plants and lagoons as well as many side-issues such as water analyses and the fluoridation of public water supplies.

Year by year new water and sewerage systems are installed and extensions made in the older communities. The engineering plans for new projects are reviewed and recommendations placed before the Minister for his necessary consideration.

In line with the growing significance of specialized water-conditioning, courses are run each spring for municipal operators. These usually involve three weeks, each of which is devoted to one stage of instruction. In the past the armed services as well as other government agencies have taken advantage of these sessions to increase the general knowledge of their own staff.

Over half the population of Manitoba drink fluoridated water. Within the limits of dosage prescribed by the Board of Health, the engineering staff are responsible for the prior assessment of the proposal and the continuing supervision of testing for a mean content of 1.0 parts per million of fluorine. Each new project is referred to the Minister for his consideration.

Standards for water quality are reviewed periodically with the provincial bacteriologist and arrangements made for periodic sampling and testing of all municipal sources and as many private supplies as possible. The central laboratory provides a free service in respect to bacteriological examination: chemistry is done in our own laboratory, at present without charge.

The engineers work in close co-operation with the health inspectors in any problem involving rural water supply or waste disposal. In addition to arranging for the publication of pamphlets, our staff are available to work with health unit and City of Winnipeg personnel on any project which may be beyond the technical scope of the latter.

With increasing emphasis on the summer cottage and recreational activities in general we carry out an extensive programme in co-operation with health inspectors in providing service to those in charge of public parks and resort areas.

Since the establishment of new regulations requiring the approval of all public bathing premises before these are built, considerable time is taken in co-operation with local authorities to assess these projects in terms of safety and sanitation and prepare a full report for the Minister's consideration.

These pools are subject to periodic inspection and a requirement for an annual operating permit issued by the medical officer of health. The public pools include all types of installations with a few exceptions such as those built by private home-owners and those for therapeutic purposes.

In the past the engineering bureau has carried out considerable research on such subjects as rural water supply and waste disposal but with the increasing scope and depth of normal work this has had to be discontinued. However, we are co-operating with the University in a project on domestic sewage treatment planned for next year and expect to be involved with Metro on experimental work at the new lagoon site at Charleswood.

With respect to the revision of the National Building Code, the chief engineer is a member of the use and occupancy committee and of the advisory health committee. This activity involves the attendance at two or three meetings each year at the Montreal Road facilities of the National Research Council at Ottawa.

With regard to technical associations, our engineers have, since its inception, taken an active part in the proceedings of the Western Canada Water and Sewage Conference. This organization was formed to provide a common meeting ground for all those interested in municipal waterworks and sewage disposal in the three prairie provinces and now numbers over four hundred members. Recently Mr. E. H. Balchen, of our staff, was elected secretary-treasurer.

The present staff includes a total of four public health engineers besides the director of the section.

PUBLIC HEALTH ENGINEERING

Waterworks Systems in Manitoba as of 31st December, 1963

<u>Municipality</u>	<u>Status</u>	<u>1961 Population</u>	<u>Source</u>	<u>Treatment</u>
Altona	Town	2,026	River	Solids, contact, filter, chlorine
Beausejour	Town	1,770	Wells	Iron removal
Birtle	Town	846	Well	Iron removal
Boissevain	Town	1,303	Lakes (P. F. R. A. Res.)	Solids contact, softening, filter, chlorine, fluoride
Brandon	City	28,166	River	Solids contact, softening, filter, chlorine, fluoride
Carman	Town	1,930	River	Solids contact, softening, filter, chlorine
Cartwright	Village	482	Well	Iron removal, zeolite softening, chlorine

<u>Municipality</u>	<u>Status</u>	<u>1961 Population</u>	<u>Source</u>	<u>Treatment</u>
Dauphin	Town	7,374	Lake	Chlorine, fluoride
Dominion City	(R. M. Franklin)	534	River	Filter, zeolite softening, chlorine
Deloraine	Town	916	P. F. R. A.	Solids contact, softening, filter, chlorine
Elie	(R. M. Cartier)	370	Gravel Pit	Zeolite softening, chlorine
Emerson	Town	932	River	Settling, filter zeolite softening, chlorine
Erickson	Village	531	Well	Iron removal, zeolite softening, chlorine
Flin Flon	Town	10,546	Lake	Heating, chlorine
Gimli	Town	1,841	Well	Chlorine, fluoride
Gladstone	Town	944	River	Settling, filter, chlorine
Great Falls	Village	164	River	Chlorine
Gretna	Village	575	River	Solids contact, filter, chlorine
Hamiota	Village	779	Well	Solids contact, softening filter, chlorine
Hartney	Town	592	Well	Iron removal, chlorine
Holland	(R. M. Victoria)	433	Well	Iron removal, chlorine
Killarney	Town	1,729	Lake	Settling, filter, chlorine fluoride
MacGregor	Village	642	Well	Chlorine
Manitou	Village	863	Wells	Nil
Melita	Town	1,038	Well	Iron Removal
Minnedosa	Town	2,211	Well	Iron removal, fluoride
Morden	Town	2,793	Creek	Settling, filter,
			(P. F. R. A.)	chlorine
Morris	Town	1,370	River	Settling, filter, chlorine zeolite softening
Neepawa	Town	3,197	River	Solids contact, softening, filter, chlorine, fluoride
Portage la Prairie	City	12,388	River	Solids contact, softening, chlorine, fluoride
Powerview	Village	902	River (from Pine Falls)	Settling, filter, chlorine
Reston	(R. M. Pipestone)	529	Well	Iron removal, chlorine
Rivercrest	Local Imp.	Est. 400	Well	Nil
(West St. Paul)	Dist.			
Rivers	Town	1,574	River	Settling, filter, chlorine, heating
Roblin	Village	1,368	Well	Iron removal
Russell	Town	1,263	Wells	Nil
St. Lazare	Village	449	Springs	Chlorine
Selkirk	Town	8,576	Wells	Chloramine
Shoal Lake	Village	774	Well	Iron control
Souris	Town	1,841	River	Settling, filter, zeolite softening, chlorine, fluoride
Steinbach	Town	3,739	Wells	Fluoride, iron control
Swan River	Town	3,163	Wells	Iron removal, zeolite softening, chlorine

<u>Municipality</u>	<u>Status</u>	<u>1961 Population</u>	<u>Source</u>	<u>Treatment</u>
The Pas	Town	4,671	River	Settling, filter, chlorine
Treherne	Village	569	Well	Iron removal, zeolite softening, chlorine
Virden	Town	2,708	Wells	Chlorine
Winnipeg Beach	Town	807	Well	Chlorine

MUNICIPALITIES SERVED BY METROPOLITAN WINNIPEG WATER DISTRICT
(Source: Lake of Woods)

Assiniboine	R. M.	6,088	Via Winnipeg - St. James	
Brooklands	Town	4,369	Via Winnipeg	
Charleswood	R. M.	6,243	Via Winnipeg - Tuxedo	
E. Kildonan	City	27,305	Via Winnipeg	
Fort Garry	R. M.	17,528	Via Winnipeg	
N. Kildonan	R. M.	8,888	Via Winnipeg - E. Kildonan	
Old Kildonan	R. M.	1,327	Via Winnipeg - W. Kildonan	
St. Boniface	City	37,600	M. W. W. D. Aqueduct	Chloramine, fluoride
St. James	City	33,977	Via Winnipeg	
St. Vital	City	27,269	M. W. W. D. Aqueduct	Chlorine, fluoride
Transcona	City	14,248	M. W. W. D. Aqueduct	Chlorine, fluoride
Tuxedo	Town	1,627	Via Winnipeg	
W. Kildonan	R. M.	20,077	Via Winnipeg	
Winnipeg	City	265,429	M. W. W. D. Aqueduct	Chloramine, fluoride

Industrial Townsites & Corporation-owned Waterworks

Bissett	Ind. Town	Est. 900	Lake	Settling, Filter, chlorine
Lac du Bonnet (Water Co-op. Co.)	Village	820	River	Chlorine
Lynn Lake (Sherritt-Gordon)	Ind. Town	2,118	Lake	Chlorine
Pinawa	Ind.	Est. 900	River	Filter, chlorine, fluoride
Pine Falls (Man. Paper)	Ind. Town	Est. 1,200	River	Settling, filter, chlorine
Snow Lake (H. B. M & S.)	Ind. Town	915	Lake	Chlorine
Thompson (INCO)	Ind. Town	3,449	River	Settling, filter, chlorine, heating
Flin Flon	To serve indust. only	-	Lake	Chlorine

Non-Potable Water Systems (flushing and/or fire protection)

Carberry	Town	1,113	Wells	Nil - fire protection only
Grandview	Town	1,057	River	Nil

Miscellaneous Small Potable Industrial, Institutional or Corporation Water Supplies.

Brandon Mental Hosp. (Man. Dept. of Health)	Institution	2,100	River	Settling, filter, chlorine
Churchill Harbor Bd.	Harbour Install'n.	500	Lake	Chlorine

<u>Municipality</u>	<u>Status</u>	<u>1961 Population</u>	<u>Source</u>	<u>Treatment</u>
Clearwater Sanat. (Sanatorium Board)	Institution	300	Lake	Nil
Falcon Beach (Prov. of Man.)	Summer Resort	-	Well	Chlorine
Ninette Sanatorium (Sanatorium Board)	Institution	350	Wells	Zeolite softening, chlorine
Pine Falls (Man. Hydro)	Power Site	Est. 60	River	Chlorine
Pointe du Bois (City Hydro El. Co.)	Power Site	Est. 300	River	Chlorine
Seven Sisters (Hydro)	Power Site	Est. 250	River	Chlorine
Selkirk Mental Hosp. (Man. Dept. of Health)	Institution	1,600	Well	Chlorine
Whiteshell Nuclear	Research Station	Est. 500	River	Chlorination
		612,925		

NOTE: Military installations not included.

Sewerage Systems in Manitoba as of 31st December 1963

<u>Municipality</u>	<u>Status</u>	<u>1961 Population</u>	<u>Treatment</u>	<u>Final Disposal</u>
Altona	Town	2,026	Lagoons (2)	Buffalo Creek
Beausejour	Town	1,770	Lagoons (3)	Brokenhead River
Birtle	Town	846	Lagoon	Birdtail River
Boissevain	Town	1,303	Lagoon	Cherry Creek
Brandon	City	28,166	Nil	Assiniboine River
Carberry	Town	1,113	Lagoon	Dry Water Course
Carman	Town	1,930	Lagoon	Boyne River
Cartwright	Village	482	Lagoons (2)	Badger Creek
Crystal City	Town	542	Lagoons (2)	Crystal Creek
Cypress River	(R. M. Victoria)	288	Lagoons (2)	Cypress River
Dauphin	Town	7,374	Lagoons (4)	Vermillion River
Deloraine	Town	916	Lagoons (2)	Ditch
Elkhorn	Village	666	Lagoons (2)	Bosshill Creek
Erickson	Village	531	Lagoons (2)	Leda Lake
Emerson	Town	932	Lagoons (2)	Red River
Flin Flon	Town	10,546	Clarifier Digestor	Ross Creek
Gilbert Plains	Village	849	Lagoons (2)	Valley River
Gimli	Town	1,841	Lagoon	Lake Winnipeg
Gladstone	Town	944	Lagoon	Whitemud River
Glenboro	Village	797	Lagoon	To slough
Grandview	Town	1,057	Nil	Valley River
Great Falls	Village	164	Septic Tank chlorination	Winnipeg River
Gretna	Village	575	Lagoons (2)	Red River
Hamiota	Village	779	Lagoons (2)	Drainage Course
Hartney	Town	592	Lagoons (2)	Souris River
Killarney	Town	1,729	Imhoff tank, Biofilter	Long River

<u>Municipality</u>	<u>Status</u>	<u>1961 Population</u>	<u>Treatment</u>	<u>Final Disposal</u>
★Lac du Bonnet	Village	820	Imhoff tank	Winnipeg River
MacGregor	Village	642	Lagoons (2)	Beaver Creek
Manitou	Village	863	Lagoon	Mary Jane Creek
Melita	Town	1,038	Lagoon	Souris River
Miami	(R. M. Thompson)	350	Lagoons (2)	Tobacco Creek
Minnedosa	Town	2,211	Imhoff Tank, Biofilter	Minnedosa River
Morden	Town	2,793	Lagoons (3)	Plum Creek
Morris	Town	1,370	Lagoons (2)	Red River
Neepawa	Town	3,197	Lagoon	Whitemud River
Oak Lake	Town	430	Lagoons (2)	Assiniboine River
Pilot Mound	Village	802	Lagoons (2)	Pilot Creek
Portage la Prairie	City	12,388	Lagoons (4)	Portage Creek
Reston	(R. M. Pipestone)	529	Lagoons (2)	Souris River
Rivercrest Local (West St. Paul)	Imp. Dist.	Est. 400	Septic Tank, chlorination	Red River
Rivers	Town	1,574	Lagoon	Minnedosa River
Roblin	Village	1,368	Lagoons (2)	Slough
Russell	Town	1,263	Lagoon	Slough
St. Lazare	Village	449	Lagoon	Assiniboine River
St. Pierre	Village	856	Lagoons (2)	Rat River
Ste. Rose du Lac	Village	790	Lagoons (2)	Turtle River
Selkirk	Town	8,576	Nil	Red River
Shoal Lake	Village	774	Lagoon	Shoal Lake
Somerset	Village	596	Lagoon	Ditch
Souris	Town	1,841	Septic Tank	Souris River
Steinbach	Town	3,739	Lagoons (2)	Oak Creek
Swan Lake	(R. M. Lorne)	307	Lagoons (2)	Pembina River
Swan River	Town	3,163	Act. Sludge Digestion	Swan River
The Pas	Town	4,671	Nil	Saskatchewan River
Treherne	Village	569	Lagoons (2)	Boyne River
Virden	Town	2,708	Imhoff Tank, Chlorination	Bosshill Creek
Winkler	Town	2,529	Lagoons (3)	Hespeller Creek
Winnipeg Beach	Town	807	Lagoons (2)	Lake Winnipeg

★ Part of Lac du Bonnet now serviced by 2 lagoons.

Municipalities Served by Metropolitan Winnipeg Sanitary District

Brooklands	Town	4,369	Interceptor	Red River
Charleswood	R. M.	6,243	System-Sewage	
East Kildonan	City	27,305	Disposal Plant located in Old Kildonan	
St. Boniface	City	37,600	Primary-Treat- ment Clarifiers	
St. Vital	City	27,269	Digestors - Vacuum filtration	
Transcona	City	14,248	Sludge Lagoons	
Tuxedo	Town	1,627		
West Kildonan	R. M.	20,077		
Winnipeg	City	265,429		

Members of the Metropolitan Winnipeg Sanitary District Not Connected with the Major Interception and Disposal System

<u>Name</u>	<u>Status</u>	<u>1961 Population</u>	<u>Treatment</u>	<u>Final Disposal</u>
Assiniboia	R. M.	6,088		(One District only with Sewers)
Fort Garry	R. M.	17,528		(Partial Interception - Red River)
North Kildonan	R. M.	8,888		(One District only with Sewers)
St. James	City	33,977		(Partial Interception - Red River)

MAJOR INDUSTRIAL TOWNSITES

Bissett (San Antonio G. M.)	Ind. Town	Est. 900	Septic Tanks, Chlor.	Rice Lake (with tailings)
Flin Flon (H. B. M. & S.)	Ind. Town (To serve industry only)	-	Activated Sludge	Flin Flon Lake (with treated sludge)
Lynn Lake (Sherritt-Gordon Mining Corp.)	Ind. Town	2,118	Septic Tank, Chlor.	Lynn River
Pinawa (L. G. D.)	Ind. Town	Est. 800	Lagoon	Winnipeg River
Pine Falls (Man. Paper Co. Ltd.)	Ind. Town	Est. 1,200	Lagoons (2)	Winnipeg River
Snow Lake (H. B. M. & S.)	Ind. Town	915	Imhoff Tank	Slough adjacent to tank
Thompson (INCO)	Ind. Town	3,449	Clarifiers, Digestion, Chlorination Vacuum Filtration	Burntwood River

MISCELLANEOUS

Brandon Mental Hospital	Institution	2,100	Nil	Assiniboine River
Churchill Harbour Board	Harbor Installations	600	Nil	Churchill River
Clearwater San.	Institution	300	Septic Tank	To muskeg area
Falcon Beach	Summer Resort	-	Lagoon	Muskeg area
Ninette San.	Institution	350	Imhoff tank, Chlorination	Pelican Lake
Pine Falls	Power site	Est. 60	Septic tank, Chlorination	Winnipeg River
Pointe du Bois	Power site	Est. 300	Nil	Winnipeg River
St. Boniface San.	Institution	-	Nil	Red River
Seven Sisters	Power site	Est. 250	Imhoff tank, Biofilter	Winnipeg River
Selkirk Mental Hosp.	Institution	1,600	Nil	Red River
University of Manitoba	-	-	Nil	Red River
Whiteshell Nuclear Research Station		Est. 500	Lagoon	Winnipeg River

619,161

Waterworks and Sewage Plant Operators' Schools

Attendance

<u>Year</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>Refresher</u>
1955	23	-	-	-
1956	29	25	-	-
1957	18	14	19	-
1958	19	16	10	8
1959	21	22	16	8
1960	10	17	15	9
1961	15	10	16	7
1962	25	14	13	26
1963	33	25	14	32

Note: These courses, organized with the co-operation of the Western Canada Water and Sewage Conference, have been in operation since 1955 with the general purpose of providing uniform training, not otherwise available, to operators of water and sewage treatment plants. The course requires three years for completion and a certificate is issued to those operators attending. In addition, a refresher course has been developed in order to acquaint interested operators with advanced information and the latest developments.

Communities with Fluoridated Public Water Supplies

December 31st, 1963.

<u>Municipality</u>	<u>Status</u>	<u>1961 Population</u>	<u>Date Started</u>
Boissevain	Town	1,303	Jan. 11, 1957
Brandon	City	28,166	March 8, 1955
Dauphin	Town	7,374	May, 1958
Gimli	Town	1,841	Dec. 23, 1963
Killarney	Town	1,729	Oct. 25, 1960
Minnedosa	Town	2,211	July 7, 1960
Neepawa	Town	3,197	July 10, 1963
Portage la Prairie	City	12,388	Jan. 13, 1958
Souris	Town	1,841	Nov. 5, 1963
Steinbach	Town	3,739	May, 1960

Municipalities Served by Metropolitan Winnipeg Water District

<u>Municipality</u>	<u>Status</u>	<u>1961 Population</u>	<u>Date Started</u>
Assiniboia	R. M.	6,088	Approximately 7,000 people in the Rural Municipalities of Assiniboia, Charleswood, and North Kildonan do not receive their water supply from the Metropolitan Winnipeg Water District at this time. Fluoridation programme started Dec. 28, 1956.
Brooklands	Town	4,369	
Charleswood	R. M.	6,243	
E. Kildonan	City	27,305	
Fort Garry	R. M.	17,528	
N. Kildonan	R. M.	8,888	
Old Kildonan	R. M.	1,327	
St. Boniface	City	37,600	
St. James	City	33,977	
St. Vital	R. M.	27,269	
Transcona	City	14,248	
Tuxedo	Town	1,627	
W. Kildonan	R. M.	20,077	
Winnipeg	City	265,429	
		<u>528,734</u>	

Total Manitoba population is about 921,686; thus, about 57% of the population is served with water artificially fluoridated to a level of one part per million fluoride (F).

Swimming Pools and Operator Training

Since August 5th, 1959, forty-five swimming pools and other bathing premises have been reviewed on the Minister's behalf. Eleven bathing premises were approved by the Minister during 1963.

Modified Standard Pools:

		<u>Approval No.</u>
1. Hillsboro House Apartments	1355 Riddell Avenue, Winnipeg.	35
2. Holiday Sun and Swim Club	Fort Garry	36
3. School of Nursing	Winnipeg General Hospital	38
4. Ramada Inn	Brandon	41
5. Americana Apartments	1255 Grant Avenue, Winnipeg	42
6. Assiniboine Mennonite Mission Camp	R. M. Cartier	43
7. Mar-Joy Apartments	253 Edison Avenue, North Kildonan	45

Modified Pools:

1. Ponderosa Resort	R. M. Springfield	37
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Wading Pools:

1. Winakwa Community Club	Bibeau Road, St. Boniface	39
2. Happyland Park	Marion Street, St. Boniface	40
3. St. Amant Ward	St. Boniface Sanatorium St. Vital	44

Operator Training:

	<u>Date</u>	<u>Attendance</u>
1.	June 23, 1959	50
2.	April 10-13, 1961	60
3.	June 3-7, 1963	28

Food Control

General.

Major objectives of Food Control is to ensure that all food products are safe for human consumption.

To this end, technically trained personnel maintain a constant vigilance with respect to sanitation, on the production, processing, transportation, storage and sale of all foods.

This section also provides an active consultative service to government and industry ranging over the entire food field.

Milk.

Twenty-six milk pasteurization plants operated under Ministerial Certificate during 1963 with distribution from these plants covering the entire Province thereby making pasteurized milk available to all centres.

Raw milk quality at the farm level has continued to improve with a resultant improvement in quality and safety of pasteurized products. Close scrutiny and supervision have been continued over all phases of the milk programme to maintain high standards for Manitoba's fluid milk supply.

Meat.

The meat programme has stressed the ultimate objective of obtaining "Canada Approved" standards for all Manitoba slaughterhouses. Activities have included assessment of existing establishments, provision of information to industry, general liaison with other Departments, and a review of the current legislation under "The Public Health Act".

Two (2) licences were issued for slaughterhouses during 1963. These included only establishments in local government districts, and unorganized territory since those establishments in organized municipalities are licensed locally.

Frozen Food Locker Plants.

Eighty-eight (88) frozen food locker plants were issued permits under "The Frozen Food Locker Plant Act" during 1963 - an increase of two (2) plants from the previous year. These plants continued to provide a valuable service in processing, freezing, and cold storage of food to approximately twenty-five thousand families throughout Manitoba.

Bottling Plants.

Twenty-two (22) bottling plants operated under Ministerial Permit during 1963 - no change from the previous year - although it can be reported that several plants completed extensive modernization programmes.

Routine microbiological and chemical analyses have been instituted to effect a better control by local authorities.

Fish.

The fish improvement programme, commenced in 1960 co-operatively with the Department of Mines and Natural Resources, has been successfully completed, and efforts are now being directed toward quality improvement at the production level as well as improved techniques at processing operations.

Microbiological and chemical studies at the various stages of production, packing, transportation and storage were undertaken during 1963.

Food Product Analyses.

Food product analyses were undertaken on a wide range of foods during the past year both to strengthen current preventative programmes, and to answer requests from local authorities and the general public. It has been important to establish analytical test procedures, to provide interpretation of analytical data, and to recommend preventative action. This activity has been carried out co-operatively with the Provincial Laboratory, the Environmental Health Laboratory and Federal Laboratories.

Consultations on Foods.

Consultations on health safety of foods and food operations have continued to be the major activity. These consultations have included:- Health Units, Medical Officers of Health, Municipal Councils, Industry, Consumers, and other Departments of Government. Industry and Industry Suppliers continue to request health approval of equipment, and processes prior to establishing in order to eliminate future difficulties.

This activity has been important in providing essential preventative action, thereby eliminating what might otherwise have been major problems. These consultations have ranged over the entire food field covering many aspects of production, processing, storage, and distribution as well as equipment, and processes related thereto.

Special Projects.

The Food and Milk Consultants have presented formal and informal lectures, formal papers, and have conducted demonstrations and workshop sessions to a wide variety of groups during 1963. These presentations have ranged over the entire food and milk field. Included also have been presentations for radio, television, and press releases co-operatively with Health Education.

A project to provide small bacteriological test kits to Grade IX Science Classes throughout Manitoba on a request basis for educational purposes has been continued. The purpose of the project has been to allow a better understanding of sanitation, and the part it plays in food control.

Special assignments on Boards and Committees have been a part of the Food Control Programme. The Advisory Board under "The Frozen Food Locker Plant Act," the Dairy Board, the Quality Control Committee on Dairy Products, and the Committee on Pesticide Analyses are examples of such participation wherein health safety of foods is an important consideration.

Locations and Names of Frozen Food Locker Plants

<u>Location</u>	<u>Name of Plant</u>
Starbuck	Archie's Locker Plant
Neepawa	Neepawa Frozen Food Centre
Morris	Morris Locker Plant
Minnedosa	J. A. Burgess and Sons
MacGregor	Lamb's Lockers and Meats
Oak River	Oak River Quick Freeze
Pilot Mound	Rockey's Locker Plant
128 Adelaide St., Winnipeg 2	North Star Cold Storage (1957) Ltd.
Carberry	W. D. McMillan Butcher & Locker Plant
Beausejour	Beausejour Locker & Processing Plant

<u>Location</u>	<u>Name of Plant</u>
Dauphin	Manitoba Dairy & Poultry Co-op. Ltd. Locker Plant.
Swan River	Les' Locker Service
Boissevain	Robinson's Frozen Food Centre
Carman	Carman Frosted Foods
Cartwright	Newton's Department Stores Ltd.
Killarney	Killarney Quick Freeze Locker Plant
36 St. Anne's Rd., St. Vital, Wpg. 8	St. Vital Locker Plant
Oakville	Oakville Co-op. Lockers
Grandview	Kustra's Locker Plant
Steinbach	Steinbach Cold Storage Ltd.
Rivers	Rivers Quick Freeze Ltd.
Arborg	North Star Food Lockers
Souris	Souris Quick Freeze Locker Plant
Niverville	Niverville Locker Plant
Transcona	Transcona Locker Plant
Portage la Prairie	Andrich & Co.
Lac du Bonnet	A. Dancyt & Son Locker Plant
Portage la Prairie	Burk's Meat Market and Locker Plant
Sanford	Sanford Co-operative Locker Plant
151 Higgins Ave., Winnipeg 2	The Manitoba Cold Storage Co. Ltd.
St. Pierre	St. Pierre Locker Plant
Manitou	Manitou Frozen Food Centre
Mariapolis	Burley's Frosted Food Centre
Dominion City	Frosted Food Centre
Ste. Rose du Lac	Quality Meats
Roblin	Roblin Locker Plant
Minto	Minto Quick Freeze
1693 Portage Ave., St. James, Wpg. 12	Bell's Frozen Foods Ltd.
640 Broadway Ave., Winnipeg 1	Frosted Food Centre Ltd.
Russell	Russell Co-op Locker Plant Ltd.
Erickson	Neilson's Locker Plant
Gladstone	Gladstone Locker Plant
Glenboro	The Glenboro Quick Freeze Locker Plant
St. Claude	St. Claude Locker Plant
Hartney	A. N. Jepling's Locker Plant
Gilbert Plains	Manitoba Dairy & Poultry Co-op. Ltd.
Benito	Hall's Food Centre
Crystal City	Crystal City Locker Plant
Binscarth	Binscarth & Districts Co-operative Cold Storage Ltd.
Emerson	Fred's Meat Market
Letellier	Quality Quick Freeze
Inglis	Inglis Locker Plant
Minitonas	Minitonas Locker Plant
Roland	Moffatt's Locker Plant
Deloraine	Maynard's Locker Plant
Stonewall	George's Locker Service
Treherne	Treherne Locker Plant

<u>Location</u>	<u>Name of Plant</u>
Dauphin	Central Meat and Cold Storage
Kenton	Kenton Frozen Foods
Hamiota	Hamiota Quick Freeze
Melita	Melita Quick Freeze
Somerset	Somerset Locker Plant
Eriksdale	Eriksdale Locker Plant
Teulon	Teulon Locker Plant
Selkirk	Russell's Food Center
Lundar	Carl's Modern Meat Market
Moosehorn	Moosehorn Locker Service
Altona	Altona Co-operative Service Ltd.
Sandy Lake	Sandy Lake Locker Plant
McCreary	McCreary Locker Plant
Brandon	Manitoba Dairy & Poultry Co-operative Ltd. Quick Freeze Locker Plant
Riverton	Dahlman Locker Plant
Shoal Lake	Shoal Lake Locker Plant
Ste. Agathe	Ste. Agathe Locker Plant
Newdale	Lawrence's Solo Store Locker Plant
Rossburn	Rossburn Quick Freeze
Notre Dame de Lourdes	Notre Dame Locker Plant
Birtle	Birtle Locker Plant
Elm Creek	Elm Creek Co-op. Lockers Ltd.
Reston	Reston Meat Market
Birch River	Birch River Locker
Gimli	Tip Top Meats and Frozen Foods
Pine River	Pine River Distributors Locker Plant
Libau	Libau Frozen Foods
Winnipegosis	Winnipegosis Locker Plant
The Pas	Bert's Quick Freeze & Meat Market
Lowe Farm	Lowe Farm Co-op. Services Ltd.
Ashern	Frank's Locker Plant

Locations and Names of Milk Pasteurization Plants

<u>Location</u>	<u>Name of Plant</u>
Winnipeg	Standard Dairies Ltd.
Winnipeg	Silverwood Dairies Ltd.
Winnipeg	Crescent Creamery Ltd.
St. Boniface	Modern Dairies Ltd.
Winnipeg	People's Co-operative Ltd.
Winnipeg	St. Joseph's Dairy
Winnipeg	Royal Dairies
Winnipeg	Canada Safeway Ltd., Milk Department
Dauphin	Manitoba Dairy & Poultry Co-operative, Milk Plant
Flin Flon	Modern Dairies Ltd.
The Pas	Frechette's Dairy
Brandon	Manitoba Co-op. Dairies Ltd.
Portage la Prairie	Portage Creamery Co. Ltd.

<u>Location</u>	<u>Name of Plant</u>
Brandon	Modern Dairies Ltd.
Winkler	Winkler Co-operative Creamery
Selkirk	Lakeland Dairies
Killarney	Killarney Creamery
Souris	Souris Creamery
Swan River	Crescent Creamery Ltd.
Selkirk	Hospital for Mental Diseases
Ninette	Manitoba Sanatorium
Portage la Prairie	Home for Mental Defectives
Headingley	Headingley Gaol
Minnedosa	People's Co-operative Ltd.
Brandon	Hospital for Mental Diseases
Fort Garry	University Dairy

Locations and Names of Bottling Plants

<u>Location</u>	<u>Name of Plant</u>
Winnipeg	Coca Cola Ltd.
St. James	Blackwood's Beverages Ltd.
Winnipeg	Bell Bottling Co. Ltd.
Winnipeg	Carling Breweries (Manitoba)
East Kildonan	Canada Dry Ltd.
St. James	Orange Crush Ltd.
Winnipeg	Arctic Drink Mfg. Co.
Winnipeg	Zero Bottling Works
Winnipeg	Dan's Beverages Ltd.
St. James	Pepsi Cola Co. of Canada Ltd.
Portage la Prairie	Portage Soda Water Works
Dauphin	Dauphin Beverages Ltd.
Dauphin	Northwest Beverages
Dauphin	Bell Bottling Co. Ltd.
Flin Flon	Arctic Beverages Ltd.
Flin Flon	Northland Beverages
Selkirk	Selkirk Beverages
Brandon	Northwest Beverages Ltd.
Brandon	Coca Cola Ltd.
Brandon	Scott Fruit Co.
Neepawa	Nip's Fruit Flavored Syrups and Ciders

Industrial Hygiene

Occupational Health

Occupational Health is receiving increasing attention from the medical profession as evidenced by consultations and enquiries made with the Department. The usual hazards related to lead poisoning, silicosis, mercury, carbon monoxide, plastics and other industrial materials occupied most of the staff time in both field surveys and laboratory investigations. A number of special items and developments may be listed.

Noise - Proceeding from the start made last year, a further step was taken by conducting a pilot noise survey in foundries and certain other industries. This was carried out with technical assistance from the Occupational Health Division of Department of National Health and Welfare. The results are valuable in relation to each plant but also established the technical requirements for equipment, time and staff necessary to carry out such surveys. In conjunction with this, a hearing loss survey was conducted for the Department by Dr. Walter Alexander, amongst a group of foundrymen.

Projects -

- (a) Work was completed on development of "Recommended Minimum Requirements for Safety in Underground Workings" in co-operation with the Department of Labour.
- (b) The initial survey of employee exposures to asbestos dust was completed.
- (c) A study of the Carbon Monoxide hazard from "Hoarders" used in construction work was completed.
- (d) The staff participated in a conference arranged by the Workmen's Compensation Board on Seed Treating Hazards.
- (e) The Bureau is co-operating with the St. Boniface Health Unit on development of an Occupational Health Survey.
- (f) There is an increase in the number of plants using the blood examination service conducted for control of lead poisoning.
- (g) Routine and special items involving consultation and plant investigation.
- (h) Administration of the Silicosis regulations involves a growing number of plants and workers.
- (i) There is an active interest amongst architects and designers in ventilation problems related to underground parking garages.

Technical Information.

Industry, the professions and government agencies, continue to call on us for technical information on a wide variety of subjects. Our excellent technical data service and the exceptional co-operation of the Departmental Library enable us to process thousands of items in the year.

Air Pollution.

Further interest by local authorities in the air pollution potential of their industries, utilities and prospective industries is a good sign that practicable steps are being taken to control our air pollution problems or even reduce them. Studies are underway to review the present regulations to bring them more in line with current practice across the country. However, they are essentially valid and cover any problems we have had to date.

Environmental Health Laboratory

A general chemical laboratory is operated by Environmental Sanitation on the top floor of the Norquay Building. A staff of about 15 chemists, Engineers and Technicians serves the Department and many other official agencies in the broad fields of occupational health, industrial hygiene, municipal water and

sewage, air pollution and water pollution. In addition to the usual routine services (such as water analyses, blood examination, air pollution network studies, urinary lead and Mercury tests, etc.) the following projects were carried out during the year: -

- Study of methods for predicting toxic algae blooms on certain lakes in southern Manitoba. This involved mouse assays and microscopic examination. Some feasibility was demonstrated but another year's work is needed to confirm this.
- Survey of extent of high fluoride ground waters around the area of Ste. Rose. A fairly large area has been "mapped out" within the 5 to 10 mile radius of the Town but the outer limits have yet to be determined.
- A wind tunnel for calibration of air velocity measuring instruments was constructed. This will be available to all persons using such instruments.
- Exhibits featuring "Water Treatment" and "Air Pollution" were prepared and manned by our staff at the C. P. H. A. Convention, Red River Exhibition and Brandon Fair.
- In addition to the Jamieson Kits for Schools, the laboratory now prepares and supplies Residual Chlorine Test Kits for one of the new Science Courses. Test kits are also provided for all the Wading Pools operated by the Winnipeg Parks Board.
- Provision was made for our staff to carry out week-end sampling of modified and standard swimming pools in the Winnipeg vicinity during the summer, on behalf of the Health Units.
- The staff was augmented by two more full-time technicians and by four summer students enabling us to reduce the backlog of requests for service, especially in the matter of water analyses.

Industrial Hygiene

Summary of Silicosis Survey - Manitoba 1963 (Mines, Quarries & Stoneworks)

	No. of New Men Examined	No. of Old Men Examined	Total No. of Men Examined	No. of Certs. Issued	No. of Certs. Refused
<u>MINES</u>					
Hudson Bay Mining and Smelting (Flin Flon)	220	1,063	1,283	1,283	-
International Nickel Company (Thompson)	647	481	1,128	1,128	-
Patrick Harrison (Thompson)	18	28	46	46	-
San Antonio Gold Mine (Bissett)	67	116	183	182	1
Sherritt-Gordon (Lynn Lake)	117	248	365	365	-
Stall Lake (Snow Lake)	21	10	31	31	-
Wescore	4	4	8	8	-
<u>STONEWORKS</u>					
Lon's Stone Works (Wpg.)	25	-	25	25	-
<u>QUARRIES</u>					
Quinn Construction	15	-	15	15	-
Selkirk Silica Sand	17	1	18	18	-
TOTAL:	1,151	1,951	3,102	3,101	1

Summary of Silicosis Survey - Manitoba 1963 (Foundries and Asbestos Plants)

FOUNDRIES	No. of New Men Examined	No. of Old Men Examined	Total No. of Men Examined	No. of Certs. Issued	No. of Certs. Refused
Anthes	2	155	157	157	-
Bay Bronze	5	10	15	15	-
Bell	16	34	50	50	-
C. P. R.	-	5	5	5	-
Canadian Bronze Plant No. 1	-	8	8	8	-
Canadian Bronze Plant No. 2	3	24	27	27	-
Dominion Foundry	16	40	56	56	-
Griffin Steel	16	100	116	116	-
Manitoba Bridge	-	36	36	36	-
Manitoba Steel (Selkirk)	-	19	19	19	-
Monarch Machine	7	38	45	44	1
Osborne	2	1	3	3	-
Thor Foundry	6	8	14	14	-
<u>ASBESTOS PLANTS</u>					
Halls Assoc.	20	-	20	20	-
Insul-Mastic	1	-	1	1	-
Mid-West Expanded Ores	2	-	2	2	-
<u>MISCELLANEOUS</u>					
Bristol Aircraft	1	-	1	1	-
TOTAL:	97	478	575	574	1

Consultations on Industrial Hygiene - 1963

Industry or Agency	No. of Units	Nature of Consultation
Private Enquiries	6	Odours, smoke, solvents, soaps
Governmental Agencies	48	Diesel fumes, dust from cement manufacture, vehicle exhaust, extremes of temperature, solvents, electric dryers, foam-padding, ice preventative fertilizer manufacture, carbon monoxide in waterworks, formaldehyde in mushroom growers, pentachlorophenol, fluoride fumes.
Architects	7	Ventilation of garages, carbon monoxide alarms.
Printing	1	Dermatitis.
Petroleum	4	Air pollution, caustic waste disposal.
Construction	6	Asbestos, silica in light aggregate, welding, battery fumes, silica sand.
Aircraft	1	Disposal of propellant waste.

Industry or Agency	No. of Units	Nature of Consultation
Paper	1	Noise
Grain	4	Dust, mercury
Automotive	1	Ventilation
Foundry	6	Noise, lead, silica dust
School	1	Chemical hazards
Manufacturing	14	Manganese, mercury, odours, smoke, zinc, spray paint, lead, sweeping compound, fiberglass, styrene.
Labour Unions	3	Radiation, hearing loss, welding, lead poisoning, lighting.

Plant Surveys and Visits - 1963

Industry	No. of Visits	Hazards Investigated
Foundry	48	Noise, silica dust, X-Ray survey, lead, cupola discharge.
Manufacturing	12	Pentachlorophenol, spray paint, degreasers, welding.
Battery	6	Lead, manganese, zinc, acid mist.
Agricultural Chemicals	3	Mercury, herbicides.
Construction	6	Asbestos, asphalt, silica
Commercial	5	Ventilation and lighting, ammonia
Cement	3	Dust, air pollution
Paper	1	Noise
Quarries and Stone Works	4	Silica dust
Dry Cleaning	2	Perchloreethylene
Private residences	11	Odour complaints, smoke, incinerator.
Water Treatment Plants	5	Carbon Monoxide, fluoride
Printing	4	Solvents, lead
Petroleum	3	Air pollution
Grain	5	Dust, organic mercury
Heat Packing	3	Hydrogen sulfide
Hospital	1	Corrosion
Laboratories	4	Dermatitis, radioactive isotopes.
Railways	4	Carbon Monoxide, diesel fumes
Sugar Beet	1	Air pollution
Mining	3	Arsenic, Carbon Monoxide, nitrous fumes, diesel fumes.
Aircraft	4	Sandblasting, radium paint, dust.
Automotive	4	Carbon Monoxide, ventilation.

Laboratory and Field Determinations - 1963

Analyses and Tests

Industrial Hygiene

Stippled Cell Counts	1,511
Urinary Coproporphyrin	83
Ventilation	74

Mercury in Air, Urine, Water	58
Lead in Air, Urine, Water	69
Carbon Monoxide	42
Cotton Examinations	108
Calibrations (thermometers, meters, etc.)	42
Great Gas determinations	11
Flash Points	18
Solvents	15
Oxygen	13
Dust - Silica	43
- Asbestos	18
Hydrogen Sulfide	29
Perchloroethylene	23
Trichlorethylene	11
Noise	176
Humidity	64
Jamieson School Kits	403
Miscellaneous determinations	56
<u>Air Pollution</u>	
Dustfall - insoluble	384
- soluble	384
- ash	768
- pH	198
Sulfur dioxide	82
Stack Testing	48
Particulate matter	24
<u>Water and Wastes</u>	
Mineral Analyses	5,729
Biochemical Oxygen demand	327
Fluorides	618
Microscopic examinations	87
Detergents and Surfactants	234
Arsenic	18
Copper	27
Zinc	14
Phenols	17
Oil	18
Soft drinks	25
Dye tracing	21
Pesticides	14

Public Health Inspection

Rural municipalities not served by health units are provided with a general public health inspector service comparable to areas within health unit regions.

The areas receiving direct service from this Section are the same as last year with the exception of three rural municipalities having joined existing

health units. Six public health inspectors serve a population of over 100,000. Most of the communities are small and servicing them effectively entails considerable travel.

Supervising the installation of plumbing and drainage systems again occupied a large part of the time of the inspectors. A majority of the towns and a number of villages now have water and sewerage systems, consequently we continue to receive a large number of applications to install plumbing. The staff of this Section fulfill the obligation of plumbing inspectors in most of the communities because the local authorities are unable to obtain the services of qualified men.

These towns are now attracting a number of small industries such as potato chip plants, clothing factories, hatcheries, poultry killing, canneries and other operations that require a satisfactory supply of water. The operation of these trades requires close supervision to prevent the occurrence of nuisances associated with trade waste disposal and atmospheric pollution.

A survey of fishing stations on Lakes Winnipeg and Manitoba was undertaken to evaluate the progress of the three-year improvement programme. This entailed the inspection by our staff of over 60 fish stations. It is reported that the progress of the construction programme has been exceptionally good. This reflects an appreciation of recommendations for the improvement of this important industry. We feel that this project was worthwhile and the results very gratifying.

The field staff assisted in further surveys of the Red River, Boyne River, Pembina River and Lake Winnipeg. A total of 23 stations were sampled for alkalinity, carbon dioxide, pH, D. O. and B. O. D. Samples were also taken of the fauna on the bottom of Lake Winnipeg. The information gained as a result of this activity should be of considerable value for determining future action on the sanitary control of these waters.

Routine sampling of municipal water supplies was carried out on schedule and the results indicate that the officials concerned are carrying out their responsibilities satisfactorily. Many private wells also came under our scrutiny and numerous samples were collected for bacteriological examination.

All government roadside parks, recreation areas and bathing beaches operated by the Province were inspected. Detailed reports were prepared and recommendations made to the responsible authorities. The facilities provided by the Department of Renewable Resources in the Whiteshell Forest Reserve, on the highways and beaches are greatly appreciated by the touring public. There has been a noticeable improvement in the number of facilities provided, the design and the maintenance of the parks.

The continued improvement of the sanitary conditions of restaurants, lunch bars and similar eating places is very evident. Some of the improvement can be attributed to the increasing trade competition, however, there has been also increasing requests from local authorities for inspection and reports on these operations.

Regular inspections have been made of the milk pasteurization plants under the supervision of this Section. Milk samples have been collected routinely and the results indicate the plants have maintained a high standard.

Public Health Inspection

Community Health Activities

Field Inspections

Public Address	23
Cemetery Sites	9
Swimming Pools and Bathing Beaches	88
Group Instruction	52
Local Officials	274
Health Unit Officials	61
Public Rest Rooms	44
Nuisance Grounds	61
Other	45
TOTAL	657

Water Supplies

Wells	426
Surface Waters	61
Municipal Supplies	140
Chlorinating Appliances	43
Samples: Bacteriological	1,762
Samples: Chemical	435
Field Tests Nitrate	59
Field Tests O. T.	40
Field Tests - Other Sources	553
Other	41
TOTAL	3,561

Sanitation of Premises

Tourist Camps	95
Summer Camps	28
Construction Camps	13
Hotels	123
Hospital Sites	17
Schools	66
Apartments	48
Complaints	154
Community Rat Control	11
Rat Eradication - dwellings	18
Insect Eradication	14
Plumbing Systems	824
Septic Tanks and Disposal Fields	563
Modified Septic Tank Systems	29
Municipal Treatment Plant	51
Others	229
TOTAL	2,283

Milk Supply and Food Control

Fluid Milk Plants	145
Milk Producers	100
Field Tests: Resazurin	450
Samples for Laboratory	822
Eating Establishments	360
Frozen Food Locker Plants	75
Slaughterhouses	27
Retail Food Stores	40
Food Processing Plants	7
Bakeries	27
Fish Stations	132
Others	22
TOTAL	2, 207

Provincial Sanitary Control Commission

This commission, comprised of three members appointed by Order-in-Council, is responsible for the control of surface water pollution throughout Manitoba with the exception of the Metropolitan Winnipeg area and the additional zone surrounding this area.

Commission activities:

- issues licences for the discharge of waste and sewage effluent into surface watercourses
- works closely with municipal officials with regard to the effective operation of sewage treatment systems including lagoons
- carries out laboratory analysis with regard to dissolved oxygen, biochemical oxygen demand, and other factors affecting sanitary quality of river and lake waters
- conducts field projects such as studies on the dissolved oxygen and carbon dioxide content of Lake Winnipeg, general sanitary conditions of the Pembina River Watershed, and studies of rivers and lakes adjacent to the major mining complexes in the north.

Much of the field work is carried out with personnel of the Fisheries Branch since the same factors of oxygen demand, dissolved oxygen and fish food are equally significant to both programmes. In addition, it is felt that where the sanitary quality of any watercourse is apt to be significantly impaired by additional pollution, this fact must be weighed against the value of commercial or sport fishing.

In the laboratory further work is done on not only the chemical characteristics of waste material and effluent but also on the biological changes in a receiving watercourse. The study of a particular stream also includes an examination of the bottom mud or silt as well as identification of the different fauna and flora at various depths.

Since anti-pollution clauses exist both in the pollution act and in regulations under the health act, it is possible to provide the means for local control of minor problems, backing this up with the full authority of the provisions of "The Pollution of Waters Prevention Act". The Commission can therefore

concern itself more with the overall picture including basic study and research while not conflicting with any corrective action by a local health authority.

Current items of significant consequence are:

- (i) The massive programme for sewage treatment by the Greater Winnipeg Metropolitan Corporation and expected research on the operation of large-scale sewage lagoons,
- (ii) The possibility of an international survey of the Red River by a reference of the International Joint Commission.

A specific separate report on the proceedings of the Commission is prepared each year as required by Section 21 of the Act. A list of licences issued by the Commission in 1963 is shown in Table.

Licences Issued by The Provincial Sanitary Control Commission - 1963

1. Village of Erickson	to Leda Lake
2. Town of Deloraine	to the Souris River
3. Village of Elkhorn	to Bosshill Creek
4. Village of Lac du Bonnet	to the Winnipeg River
5. Village of Pilot Mound	to Pilot Creek
6. Village of Gilbert Plains	to the Valley River
7. Village of Ste. Rose du Lac	to the Turtle River
8. Village of MacGregor	to Beaver Creek
9. R. M. of Victoria (for Cypress River)	to the Cypress River
10. R. M. of Thompson (for Miami)	to Tobacco Creek
11. Town of Oak Lake	to the Assiniboine River
12. Whitemouth School District (Whitemouth)	to the Whitemouth River
13. Highway Gardens Mobile Home Court (in R. M. of St. Andrews)	to the Red River

Note that pre-treatment of waste was required in all instances.

PREVENTIVE MEDICAL SERVICES

Nature of Services.

Within the Section of Preventive Medical Services there are the following distinct Bureaus: - Venereal Disease Control, Maternal and Child Health, and the Central Tuberculosis Registry. A report on their activities has been prepared by the Bureau Directors and included in this report under the appropriate headings.

The general work of the section is aimed at preventing disease, promoting health, and making treatment available under certain conditions. To this end the section acts as the centre for the collection of statistics on notifiable communicable diseases so that early and rapid action can be taken in the case of an outbreak; and also as a distribution centre for the free supply of certain vaccines which produce active immunity to diseases, antitoxins and sera for the treatment of disease, silver nitrate to prevent ophthalmia, penicillin and sulpha to prevent rheumatic cardiac disease and drugs for the treatment of diabetes, venereal disease, other communicable diseases, and under special circumstances, drugs required as a life saving measure or as long term continuing necessity.

The section arranges transportation to and from hospital in emergency for indigents who cannot otherwise be provided for and makes provisions for funerals when this becomes necessary. Similar services are provided for tuberculosis patients.

Personnel of the section act as consultants in communicable disease control for the medical profession, health units and others. Up-to-date information of contagious disease elsewhere is collected and advice given to travellers about foreign immunization requirements. The section acts as custodian of the Health Department stamp used to authenticate vaccination documents required for international travel.

Epidemiology and Control of Epidemics.

Diphtheria. An outbreak in the Gypsumville-Fairford area was responsible for 22 cases and carriers with three deaths. In attempting to control this outbreak the local Health Officer and the Public Health Nurse from Grahamdale Nursing Station held many special sessions to ensure that everybody in the community was properly immunized, and nose and throat swabs were taken from a large percentage of the school and adult population to try and pick up unknown carriers. The patients were isolated at home and in hospital and were intensively treated with antitoxin and several different antibiotics. Despite this quite a number of them relapsed into the carrier state on one or more occasions within a few weeks of apparently adequate treatment. Eventually wholesale tonsillectomies had to be undertaken on most of the carriers before they discontinued excreting virulent diphtheria organisms.

Brucellosis. Undulant Fever has been a problem in this Province for a number of years, particularly in meat packing plants. The Federal Department of Agriculture completed the first phase of a Brucellosis eradication programme in cattle during the year, and probably as a direct result of this, the incidence of Brucellosis in humans has shown a very welcome decline. It is hoped that the disease will gradually vanish from humans over the next few years.

Enteric Fevers. Typhoid and paratyphoid are serious diseases which have in the past been responsible for explosive outbreaks. Six cases were discovered during the current year in Manitoba and in each instance the Section has adopted

very strenuous measures to prevent any spread from these foci of infection. Chronic carriers of these infections constitute a problem and a known hazard and have to be carefully supervised by the Department.

Other Diarrhoeal Diseases. During 1963 there has been an increase in cases of Dysentery, Food Poisoning and other diarrhoeal diseases. The cause of this is not at present apparent. The situation is periodically reviewed with the Bureau of Food Control, the Provincial Laboratory, and the City of Winnipeg Health Department to decide if any extraordinary measures of prevention should be adopted.

Viral or Aseptic Meningitis. This disease has been reported more frequently during 1963. Forty-six such cases are recorded, but in only one was it possible to isolate the causative virus.

Infectious Hepatitis. Apart from the venereal diseases, Infectious Hepatitis remains the most frequently reported communicable disease in this Province, despite the widespread use of gamma globulin for household contacts. The incidence has fallen very little since last year but is about half of the 1961 figure.

Poliomyelitis, Paralytic. This year no cases of paralytic polio have occurred. This is almost certainly the result of the extensive immunization campaigns which have been conducted during the past few years.

Other Virus Infections. During the year there have been several sharp outbreaks of the usually mild illnesses due to viruses causing symptoms mainly of the respiratory tract. Most prevalent as a cause of these have been the adeno viruses, ECHO virus and Coxsackie virus. Whooping cough, Measles and Mumps have been quite prevalent.

Vaccines and Immunizing Agents.

The Section strongly advocates routine community-wide immunization against Smallpox, Diphtheria, Whooping Cough, Tetanus and Polio in childhood with appropriate boosters during school life and in adults. Biologicals for this purpose are distributed without charge for the use of local health units and private physicians. Typhoid and paratyphoid antigens are made available in special circumstances. Vaccination against yellow fever is made available by the Federal Government. A stock of vaccine and antiserum for Rabies is stored and made available for persons bitten by wild or rabid animals. Although no human cases of Rabies occurred in the province, it was necessary to give 37 persons treatment with vaccine to prevent its appearance. A diagnosis of Rabies in animals is still not uncommon and laboratory tests confirmed its existence this year in 107 skunks and smaller numbers of cattle, cats, foxes and horses. No Sabin live oral polio vaccine was used during the year but plans are in hand for a second province-wide feeding in the spring of 1964, after which its use may be incorporated in the routine immunization schedule for infants. During the year commercial firms introduced two new vaccines against Measles and an improved vaccine against certain types of Influenza. Acting on the advice of an expert committee, it was decided that these preparations could not be recommended for community-wide use and they have not been placed on the free list. There is nothing to prevent their use by private physicians for selected groups and they are available for purchase in Canada through ordinary commercial channels. Antitoxin is made available for the treatment and prevention of the disease in those exposed to Tetanus, Diphtheria and Scarlet Fever. Because of the risk of dangerous side effects, none of these preparations are as

satisfactory as adequate active immunization. They may, however, be life saving in persons who contract the disease.

Gamma Globulin. During the year an agreement was made with the Canadian Red Cross Society for them to take over the distribution of Gamma Globulin required for treatment purposes. The section continues to provide free gamma globulin for prevention. This includes household contacts of cases of Infectious Hepatitis and pregnant women during the first three months of pregnancy where contact with German Measles gives rise to a risk of abnormality in the unborn child. Large quantities continue to be distributed for this purpose. (See Statistical Section)

Prevention of Cardiac Disease Due to Rheumatic Fever.

Repeated attacks of Rheumatic Fever are well known to carry an increasing risk of affecting the heart. These attacks can be prevented by the continuous use of an antibiotic or chemo-therapeutic agent which will prevent infection with the Haemolytic Streptococcus which initiates the rheumatic fever. Preventive Medical Services makes penicillin or sulpha tablets available for this purpose. Applications from family physicians are approved by an expert committee to ensure accuracy of diagnosis. The cost is shared equally by the Province and the municipality in which the patient has legal residence. 1,584 patients are currently receiving supplies.

Treatment of Diabetes.

Antidiabetic drugs are made available free to patients where the municipality of legal residence or the Welfare Department certifies that they are unable to purchase the drugs out of their own resources. The cost is shared on a fifty-fifty basis between the Province and the municipality.

Patients eligible for Medicare are excluded, since they are entirely a Welfare Department responsibility. Drugs are supplied in accordance with the prescription of the legally qualified physician in attendance. All the injectable insulins are made available as well as the newer hypoglycaemic agents taken by mouth. During the year a new antidiabetic tablet - Dimelor - was added to the list. There are currently nearly 800 persons who take advantage of this service.

Special Drugs of a Life Saving Nature.

This programme has been in operation since 1958. During the current year policy has been somewhat changed and now includes cases where there is financial need, and the life saving drugs are required as a long term continuing necessity extending over months or years. Financial need is assessed on the basis of a statement by the municipal authorities that the patient is unable to bear the cost of the drugs without creating undue hardship and that the municipality itself will be prepared to contribute 50% of the cost. Medical need is assessed on the basis of a certificate from the attending physician usually supported by a report from a recognized specialist in the appropriate field. In certain circumstances the entire cost is borne by the province. There are currently 37 patients who receive benefit under this scheme, the number having almost doubled during the past year.

There are six patients suffering from Phenylketonuria, six with Cystic Fibrosis and individuals with a variety of disease conditions which might prove rapidly fatal were they to discontinue their medication.

Medical Services in Unorganized Territory.

Arrangements have been made with practising physicians in areas located

in or near unorganized territory to provide certain services to indigents who could not otherwise obtain such services. Under contract with the Department such physicians are paid a small retaining fee for this work, as well as undertaking other public health services in their areas.

Emergency Transportation.

The Department arranges and pays for emergency transportation to and from hospital for indigent patients who are provincial responsibilities. This service is mostly required in the Northern and unorganized parts of the province. It is often of a life saving nature and use has to be made of all forms of transportation. Funeral expenses for a similar category of patient are also met when needed.

PREVENTIVE MEDICAL SERVICES

Biologics Distributed Free in Manitoba - 1962 and 1963

MATERIAL	1962	1963
Diphtheria Toxoid	5,130 cc	5,434 cc
Diphtheria Toxoid and Tetanus Toxoid Combined	20,715 cc	28,668 cc
Diphtheria Toxoid, Pertussis Vaccine and Tetanus Toxoid Combined	19,088 cc	5,102 cc
Gamma Globulin	12,180 cc	15,355 cc
Pertussis Vaccine	39 cc	621 cc
Poliomyelitis Vaccine	49,040 cc	32,210 cc
Diphtheria, Pertussis, Tetanus and Polio Combined	105,800 cc	141,720 cc
Diphtheria, Tetanus and Polio Combined	50,360 cc	50,540 cc
Tetanus and Polio Combined	4,760 cc	9,300 cc
Tetanus Toxoid	5,165 cc	13,995 cc
Tetanus Toxoid and Typhoid Paratyphoid Vaccine	9,100 cc	10,541 cc
Typhoid Paratyphoid Vaccine	5,020 cc	6,469 cc
Smallpox Vaccine (Points)	95,816	98,576
Schick Test (25 person packages)	683	711
Diphtheria Antitoxin - Prophylactic	143	65
- Treatment	103	56
Tetanus Antitoxin - Prophylactic	5,822	4,464
- Treatment	114	46
Scarlet Fever - Prophylactic	13	13
Antitoxin - Treatment	1	6
Silver Nitrate - Doses	7,412	11,390
Rabies Vaccine - Doses	1,243	665

INSULIN:	<u>Zinc.</u>	<u>Cry.</u>	<u>Prot.</u>	<u>Zinc.</u>	<u>N. P. H.</u>	<u>Globin</u>	<u>Lente</u>	<u>Oral</u>			
UNITS	<u>400</u>	<u>800</u>	<u>400</u>	<u>800</u>	<u>400</u>	<u>800</u>	<u>400</u>	<u>800</u>	<u>400</u>	<u>800</u>	
PKGS.	1, 236	604	2, 453	1, 273	2, 650	2, 180	113	49	827	1, 348	2, 619

Total number of persons in Manitoba receiving Insulin - 769. Besides the above number of patients receiving Insulin, hospitals in the province also procured this material through the Department for administration to indigent patients while in hospital.

Penicillin and Sulpha tablets distributed under our Rheumatic Fever Prevention Program for 1963 - 3,744 bottles of 100.

Number of patients approved to date to receive these tablets under the Rheumatic Fever Prevention Programme - 1,596.

CASES AND DEATHS - COMMUNICABLE DISEASE AND CANCER - MANITOBA

1962 and 1963

	Total Cases		Indian		Cases		Indian		Deaths		Total		Deaths		Death rate per	
	1962	1963	1962	1963	1962	1963	1962	1963	1962	1963	1962	1963	1962	1963	100,000 Population	1962 1963
Brucellosis (Undulant Fever)	18	12	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
Diarrhoea of the newborn	6	16	1	1	1	1	2	2	1	1	5	5	1	1	0.5	0.1
Diphtheria	24	23	-	-	-	-	-	-	-	-	2	2	3	3	0.2	0.3
Diphtheria Carriers	23	10	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
Dysentery: (a) Amoebic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
(b) Bacillary	74	60	8	1	1	1	-	-	-	-	-	-	-	-	0.0	0.0
(c) Unspecified	59	336	2	9	9	9	1	1	-	-	1	1	-	-	0.1	0.0
Encephalitis	4	8	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
Food Poisoning: (a) Staphylococcus	-	9	-	-	-	-	-	-	-	-	-	-	-	-	0.0.	0.0
(b) Salmonella	7	3	2	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
(c) Unspecified	-	4	-	1	1	1	-	-	-	-	-	-	-	-	0.0	0.0
Hepatitis, Infectious	831	761	55	17	17	17	-	-	-	4	2	2	-	-	0.2	0.4
Meningitis: (a) Poliovirus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
(b) Coxsackie Virus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
(c) Echo virus	1	1	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
(d) Unspecified	4	53	-	1	1	1	-	-	-	-	-	-	-	-	0.0	0.0
Meningococcal Infection	11	2	-	2	2	2	1	1	-	-	3	3	4	4	0.3	0.4
Pomphigus neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
Pertussis	17	76	-	10	10	10	-	-	2	2	-	-	2	2	0.0	0.2
Psittacosis	-	2	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
Polomyelitis, paralytic	4	-	1	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
Scarlet Fever and Strep Throat	116	118	10	1	1	1	-	-	-	-	-	-	-	-	0.0	0.0
Tetanus	2	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.0
Tuberculosis	335	334	99	78	78	78	5	5	6	39	33	33	39	39	3.5	4.1
Typhoid and Paratyphoid Fever	3	6	2	4	4	4	-	-	-	-	-	-	-	-	0.0	0.0
Cancer (1963 Preliminary)	3,000	3,300	-	-	-	-	14	14	12	1,242	1,218	1,218	1,242	1,242	132.26	130.0
	4,539	5,134	180	125	125	125	23	23	21	1,295	1,264	1,264	1,295	1,295	137.1	135.5

Population used for 1962 - 921,000

Population used for 1963 - 950,000

Venereal Disease Control

The function of the Bureau of Venereal Disease Control is to prevent venereal disease. Since these diseases spread only as a result of illicit sexual intercourse they present an ideal situation wherein it should be possible to follow the path of infection and break the chain, thereby preventing further spread and indeed eliminating the disease from the community. The fact that this happy state of affairs has nowhere been achieved is due to incompleteness of contact information and possibly inadequacies in treatment. Paradoxically, despite vastly improved drugs and antibiotics which have been available for treatment in recent years, these diseases have shown an increase throughout Western Europe, and most of the North American Continent from 1956 onwards. Canada and this province shared in the upward trend. Many reasons have been put forward for this increase including an increased movement of immigrants, increased homosexual practices, the influence of the movies and television on the general standard of public morality, increased teenage promiscuity, a lessening of parental and religious influence, and the easier availability of automobile transportation for youngsters. No doubt all of these factors as well as some resistance of the germs to antibiotics have played a part. However, it became apparent that the real cause, in many cases, was the fact that personnel and resources used for the prevention of venereal disease had been withdrawn from this work because health authorities had been lulled into a false sense of security by the success in combatting these diseases which had been achieved between the end of the Second World War and the 1950's. During 1962, Manitoba like some other states and provinces, once again intensified its activities in case finding programmes and in contact tracing work. An additional Public Health Nurse was employed at the clinic during 1963 and this has enabled us to expand our activities by adopting the cluster testing technique for syphilis contacts, the speed zone technique for gonorrhoea contacts, and a public health nurse interviewing service for the patients of private physicians. Activities aimed at educating physicians, nurses and students have been stepped up. In 1962 there was a considerable reduction in cases of gonorrhoea, although syphilis with a comparatively small total number of cases actually increased. In 1963 this trend has continued in the same direction but less rapidly. It is interesting to compare this with Canada as a whole, where there has so far been no interruption in the upward trend in venereal disease incidence. This underlines the need for continued strenuous activity in the fields of contact tracing, case holdings, and treatment of infected individuals.

Treatment Facilities

At the government clinic in the St. Boniface General Hospital there is a comprehensive diagnostic and treatment service for those patients who attend. All necessary drugs are provided free and the hospital laboratory is equipped to carry out all the routine diagnostic tests except the serological tests for syphilis which are done at the Provincial Laboratory. At Northern Health Services at The Pas some minor treatment facilities are provided. Treatment is of course also carried out by private physicians and is included in the benefits offered by Manitoba Medical Services. The Health Department supplies free drugs to all physicians outside the Greater Winnipeg area for the treatment of reported venereal disease patients. Payment of the doctor's fee is also undertaken for those patients unable to pay themselves. Treatment and diagnostic

facilities are provided in co-operation with the Attorney-General's Department for inmates of all provincial gaols and corrective institutions.

Contact Tracing and Case Holding

In the area of Greater Winnipeg three public health nurses, based at the clinic are responsible for interviewing clinic patients for contact information and ensuring that all contacts named in the area are brought to treatment and continue to attend till they are cured or non-infectious. Outside of Greater Winnipeg similar duties are carried out by the staff of the local health units.

Diagnostic Facilities

Keidel tubes for blood specimens and outfits for the collection of other types of specimens, as well as mailing containers are distributed free to physicians from the Bureau Headquarters in the Norquay Building. These specimens are examined without charge at the Provincial Laboratory and reports sent to the attending physician. The Medical Director of the Bureau is available to advise physicians as a consultant concerning diagnostic and treatment problems arising in cases of Venereal Disease. Patients requiring special investigation, special treatment, or legal detention can be admitted to the St. Boniface General Hospital where the Bureau Director holds the appointment on the hospital staff of Consultant in Venereal Diseases. At this hospital, too, are carried out the examination of patients charged under the Criminal Code or a Provincial statute in whose case the Minister issues an apprehension order. Close liaison is maintained with the Morality Squad of the City of Winnipeg Police for this purpose.

Administration

At the Bureau Headquarters accurate statistical records are maintained of Venereal Disease throughout the Province and a file is maintained on every individual patient and contact. Information concerning contacts is processed and passed on to the appropriate health unit so that they can be traced and brought to treatment. Information regarding places and conditions facilitating the spread of venereal disease is collected and made available to the police, health officers, and licensing inspectors so that a remedy may be applied.

Education

Lectures are regularly given to medical students, internes, student nurses, etc. Periodically articles are published in the Medical Press. The Bureau co-operates with the Health and Welfare Education Bureau in the dissemination of information to lay groups. Films and pamphlets are available. Health Educators carry out a programme aimed at students in the senior grades.

Premarital Blood Tests

In co-operation with the Provincial Laboratory and the Vital Statistics Branch this Bureau carries out the provisions of the "Marriage Act" dealing with compulsory premarital blood tests for syphilis.

GONORRHOEA AND SYPHILIS - REPORTED CASES, ADULT BY SEX AND
MARITAL STATUS, CHILDREN BY SEX - MANITOBA, 1963.

Adults (18 years and over)						
Status	Gonorrhoea			Syphilis		
	Male	Female	Total	Male	Female	Total
Married	231	156	387	29	24	53
Single	814	246	1,060	42	20	62
Widowed	7	16	23	1	6	7
Divorced or Separated	108	81	189	15	6	21
Total	1,160	499	1,659	87	56	143
Children	35	92	127	2	5	7
GRAND TOTAL	1,195	591	1,786	89	61	150

GONORRHOEA AND SYPHILIS - REPORTED CASES
BY AGE GROUPS, MANITOBA, 1963.

Age Group	Gonorrhoea			% of TOTAL	Syphilis			% of TOTAL
	Male	Female	Total		Male	Female	Total	
Under 1 yr.	0	1	1	.05	0	0	0	0
1 - 4 yrs.	1	1	2	.11	1	0	1	.6
5 - 9 yrs.	1	2	3	.16	0	1	1	.6
10 - 14 yrs.	4	6	10	.59	0	0	0	0
15 - 19 yrs.	124	187	311	17.40	5	6	11	7.4
20 - 29 yrs.	703	261	964	53.98	26	22	48	32.0
30 - 39 yrs.	238	92	330	18.49	20	11	31	20.9
40 - 49 yrs.	90	29	119	6.66	13	10	23	15.4
50 - 59 yrs.	24	9	33	1.84	8	7	15	10.0
60 yrs. & over	10	3	13	.72	16	4	20	13.3
TOTAL	1,195	591	1,786	100.00	89	61	150	100.00

SYPHILIS - REPORTED CASES, TABULATED ACCORDING
TO TYPE OF SYPHILIS - MANITOBA, 1963.

Type of Syphilis	Adults - 18 yrs. & over			Children - 17 yrs. & under			GRAND TOTAL
	Male	Female	Total	Male	Female	Total	
Primary	33	8	41	0	1	1	42
Secondary	8	12	20	0	1	1	21
Latent	43	28	71	0	1	1	72
Neurosyphilis	3	1	4	0	0	0	4
Cardiovascular	3	0	3	0	0	0	3
Other Tertiary	0	2	2	0	0	0	2
Congenital	0	4	4	1	1	2	6
TOTAL	90	55	145	1	4	5	150

SYPHILIS AND GONORRHOEA, REPORTED CASES MANITOBA. 1954 - 1963

Syphilis	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Primary	10	14	12	21	8	7	8	18	48	42
Secondary	11	1	5	9	2	2	8	5	12	21
Other	71	86	76	64	48	36	32	48	85	87
TOTAL	92	101	93	94	58	45	48	71	145	150
Gonorrhoea	1, 390	1, 215	1, 348	1, 226	1, 362	1, 636	1, 892	2, 178	1, 817	1, 786

ALLEGED CONTACTS TO VENEREAL DISEASE, TABULATED
ACCORDING TO RESULTS OF EXAMINATION, MANITOBA, 1963

Results	Contact named by:			% of Total
	Armed Services	All other sources	Total	
Positive Gonorrhoea	20	1, 500	1, 520	64
Positive Syphilis	0	70	70	03
Positive Both	0	0	0	0
Negative	5	450	455	19
Not Located and Insufficient Information	5	315	320	14
TOTAL	30	2, 335	2, 365	100. 00

GONORRHOEA AND SYPHILIS IN CHILDREN 15 - 19 YEARS OF AGE
MANITOBA - 1954 to 1963

Year	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
GONORRHOEA										
Male	16	11	14	7	17	21	21	31	37	124
Female	51	44	46	30	51	52	69	85	79	187
TOTAL	67	55	60	37	68	73	90	116	116	311
SYPHILIS										
Male	1	0	1	0	1	1	1	1	2	5
Female	0	0	0	1	0	0	1	2	1	6
TOTAL	1	0	1	1	1	1	2	3	3	11
TOTAL CASES	68	55	61	38	69	74	92	119	119	322

PERSONS EXAMINED ON THE MINISTER'S ORDER FORM IV-A
MANITOBA, 1963

NEGATIVE		POSITIVE		TOTAL
Gonorrhoea	Syphilis	Gonorrhoea	Syphilis	
53	53	33	7	93

RESULTS OF PRE-MARITAL BLOOD TESTS - MANITOBA, 1963

Pre-Marital Blood Tests	Positive Tests	Percentage of Total Found Positive
13, 294	18	. 13

KEIDEL TUBES AND VACUTAINERS DISTRIBUTED FREE FOR
DIAGNOSTIC PURPOSES - MANITOBA, 1963

	<u>Keidel Tubes</u>	<u>Vacutainers</u>
St. Boniface Clinic	7, 000	3, 000
Doctors, Hospitals, etc.	<u>65, 660</u>	<u>45, 240</u>
TOTAL	72, 660	48, 240

RESULTS OF LABORATORY EXAMINATIONS ON CLINIC PATIENTS
MANITOBA, 1963

Examinations	Positive	Negative	TOTAL
Serological tests for Syphilis	379	3,570	3,949
Reiter's Protein Complement			
Fixation Test (RPCF)	279	91	370
Traponema Immobilization Test	7	6	13
Cerebrospinal Fluid Test	3	20	23
Darkfield for Spirochaetes	6	21	27
Smears for Gonorrhoea	673	1,278	1,951
Cultures for Gonorrhoea	336	1,142	1,478
Swabs for Trichomones	290	846	1,136

MANITOBA GOVERNMENT CLINIC - ST. BONIFACE O. P. D.
NEW PATIENTS ADMITTED 1954 - 1963

New Patients										
Admitted	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Syphilis	23	30	30	35	16	19	12	32	73	80
Gonorrhoea	626	502	587	513	548	775	920	943	814	820
Non-Gon.)										
Urethritis &)	488	614	465	185	132	141	131	122	105	114
Miscellaneous)				240	298	426	486	552	614	866
No Pathological Condition	451	556	525	447	621	784	708	675	788	1,143
TOTAL	1,588	1,702	1,607	1,420	1,615	2,145	2,257	2,324	2,394	3,023

DETENTION HOMES AND GAOLS:

Patients treated in detention homes and gaols were as follows:

Gonorrhoea	84
Syphilis	34
Non-Specific Infection	<u>10</u>
	128

Tuberculosis Control

The actual treatment of Tuberculosis and much of the work in prevention is carried out by the Sanatorium Board of Manitoba, which is a voluntary organization, largely supported by government funds. Preventive Medical Services is responsible for the administration of interprovincial agreements with the Provinces of British Columbia, Alberta, Saskatchewan, Ontario and Quebec, for the care of patients suffering from Tuberculosis. Under this agreement, a resident of Manitoba, who moves to any of the above provinces and becomes ill within the first year, can be treated for his disease in their sanatoria and maintenance is paid by our province. Similar reciprocal arrangements apply where the situation is reversed.

Central Tuberculosis Registry

Today, Tuberculosis as the cause of death continues to be less of a threat to life. The mortality rate has dropped to a new low. The same may not be said of the morbidity rate - Tuberculosis continues to be a threat to health.

The number of diagnoses of new disease is almost on a par with 1962 for the whites, but less in number for the Indians. The rate of reactivation of disease shows an increase in the Indian population.

The increase in the number of persons who have reactivation of disease is the concern of all who are participating in the Control Programme. The policy has been changed to keep those persons who have had treatment for Tuberculosis under supervision for a longer period of time - namely, twenty years rather than five years from inactivity of disease.

The Registry containing the names of all Manitobans with a positive reaction serves a useful purpose. This information is noted as to age group and geographical areas. This information is reviewed when planning survey schedules.

On reviewing the breakdown of new diagnoses of disease according to age group, it is apparent that tuberculosis is no longer a disease of the young.

The immediate and dramatic effect of drug therapy can be a pitfall to the patient. Patients are now discharged from sanatoriums earlier in their treatment to continue on a modified routine at home. Approximately only one third of treatment time is spent in sanatorium. Home treatment includes drug therapy as well as rest therapy. To those persons who are supervising the patient at home falls a great responsibility, as these patients require close medical and nursing supervision for a longer period of time. This includes guidance and encouragement to complete full anti-tuberculosis drug therapy. Drug therapy to be effective, must be continuous.

While statistics show that tuberculosis is much more under control than even ten years ago, it is still a far cry from the World Health Organization's standards for the eradication of the disease. Today the death rate from tuberculosis can no longer be used as the yardstick. Methods of education of the public needs to be reviewed to help all become aware that tuberculosis is still a public health problem, although not the "great killer" of the past.

CENTRAL TUBERCULOSIS REGISTRY

Following is the statistical report on tuberculosis from the Central Tuberculosis Registry for the twelve-month period from January 1st, 1963 to December 31st, 1963. For purposes of comparison the figures are also shown for the previous year. It must be remembered that the figures for 1963 are only preliminary and may be altered to some extent but those for 1962 are final.

Table I. Central Tuberculosis Registry.	1962			1963		
	Reported as:			Reported as:		
	Whites	Treaty Indians	Eskimos	Whites	Treaty Indians	Eskimos
Total tuberculosis patients carried in Registry File December 31st	3,990	1,152	521	5,140	1,179	608
Re-infection type	3,896	1,103	465	5,033	1,115	551
Primary type	94	49	56	107	64	57
New cases of tuberculosis diagnosed in Manitoba .	241	99	340	256	78	334
Re-infection type	221	87	308	227	58	285
Primary type	20	12	32	29	20	49
Of these, the number of active cases.....	197	86	283	218	68	286
Number admitted to Sanatoria	160	82	242	176	60	236
New diagnoses counted upon notification of death..	8	2	10	9	2	11
Treaty Indians and Eskimos are wards of the Dominion Government.						

(x) NB - Please note that increase of total patients carried in Registry file is due to a change in policy whereby cases are now followed up for 20 years instead of 5 as in previous years.

The detailed statistical summary of the incidence related to T.B. Treatment and control is contained in the annual report of the Sanatorium Board of Manitoba.

Maternal and Child Health

Maternal Mortality

During the year 1962, seven maternal deaths were reported to the Bureau of Vital Statistics giving us a maternal mortality rate of 0.3 per 1,000 live births. Also reported were 2 "Associate" deaths.

The Maternal Death Study which began in 1961 is now in its third year. In 1962, 17 deaths occurring during pregnancy and within 90 days of confinement were carefully investigated by the chairman of the Maternal Welfare Committee of the Manitoba Medical Association. Of the 17 deaths investigated, 11 were classified as obstetric deaths, 6 direct obstetrical, and 5 indirect obstetrical, giving an obstetric death rate of 0.47 per 1,000 live births. This compares favourably with the Maternal Mortality Rate for 1961 when the Maternal Death Study found an obstetric death rate of 0.85 and the Bureau of Vital Statistics reported a Maternal Mortality Rate of 0.6 per 1,000 live births. The reason for the difference has been discussed in an earlier report. This bureau continued to assist in this study by case finding and record keeping.

Infant Mortality

There were 617 infant deaths (deaths under 1 year) in 1962 - giving us an Infant Mortality Rate of 27.0 per 1,000 live births (White - 23.0; Indian 76.0). Preliminary figures for 1963 indicate 471 deaths and a rate of 23.0.

Prenatal Education

Two institutes on Prenatal Education for Registered Nurses have been held during the year to prepare Public Health Nurses and other Registered Nurses to teach prenatal classes. Nurses employed in hospital Maternity services are also invited to participate in this programme so that the needs of the mother can better be understood and her care during pregnancy, labour and the post partum period be co-ordinated. In 1963, the institutes were conducted by the Public Health Nursing Division. Prenatal classes are held in approximately 55 teaching centres in the City of Winnipeg, Health Unit areas and other rural communities not in Health Units.

At the request of the Director of Maternal and Child Health, the Victorian Order of Nurses organized evening parent classes in January, 1963. Two successful series were completed by June, 1963 and classes were again resumed in October. Accommodation for these classes was provided in the Norquay Building.

The City of Winnipeg Health Department have organized evening parent classes as part of the adult education programme of the Winnipeg School Board.

A highlight of 1963 in prenatal education was a Television Series of twenty-nine weekly shows. This was sponsored by the Department of Health and the Manitoba Medical Association with Public Health Nursing, Health Education, Maternal and Child Health, and a private physician and two expectant mothers participating.

It was the first time that a show of this kind has been produced in Canada. After being shown in Manitoba, the series was later shown over the CTV network in the western Provinces. The comments have been very favourable and there was no adverse criticism in connection with the content or manner of presentation.

Congenital Anomalies

As noted in the report for 1962, a detailed investigation was undertaken by

the Federal Department of Health and Welfare of babies with congenital anomalies attributed to the ingestion of thalidomide during pregnancy. In Manitoba, three babies were affected, of which two are living.

A meeting was held in Toronto in November, 1962, at which all aspects of congenital amputations were discussed by specialists in the fields of orthopedic surgery, pediatrics, psychiatry, physical medicine, social work, etc., and all provinces were invited to send delegations. Manitoba was represented by five doctors from the various specialities concerned, i. e. orthopaedic surgery, pediatrics, psychiatry, physical medicine and public health. This group submitted their report and recommendations to the Minister and it is gratifying to report that most of the recommendations were subsequently implemented by the Federal Government. The Federal Government has provided for the establishment of three special prosthetic research centres, in Montreal, Toronto and Winnipeg.

It has also been recommended by an expert committee on Congenital Anomalies in Ottawa that provincial registries be set up. In Manitoba a considerable amount of planning has already been done towards this objective. A Manitoba Advisory Committee on Congenital Anomalies has been appointed to advise the Director of Maternal and Child Health regarding various aspects of the Registry. Preparatory to setting up the Registry, the Director visited British Columbia to study the British Columbia Registry of Handicapped Children and Adults which is considered to be the best of its kind in Canada.

CARE SERVICES

Care Services, a combined project of the Department of Health and the Department of Welfare, became operational on June 1st, 1963. This organization was created and given responsibility for the development of services for the aged and infirm, who do not require hospital care. It was established as a means by which the Departments of Health and Welfare could develop an organization, policies and procedures in which the staff, skills and resources of each, could be brought to bear in an orderly manner on the problem of caring for people in the various care categories below the Hospital Services. This new office will provide a service of on-going study of the care needs in the community, will report on their findings and recommendations, to ensure that all resources available are brought into being for the development and conservation of care programmes.

In the Metropolitan area of Winnipeg, the Care Services organization has assumed the responsibility of providing the necessary services. In the Rural areas of the Province, the Care Services organization will provide the necessary advisory and consultant services to Health Units and Welfare Regions to ensure a similar standard of operation, facility and service throughout the whole Province.

The services which the Care Services Organization is now providing cover a very broad range and enter all aspects of the care field. In this regard they may be briefly described in a general way under three headings as follows:-

A. Services to Patients:

This entails the provision of a comprehensive care programme for each patient which could be considered direct or indirect, in that it means the provision of actual service to the Public patient, but is restricted to consultation, advice and assistance to the Private patient. In providing comprehensive care for an individual, his total needs are assessed, and how these requirements can best be met, are clearly defined and spelled out. The end result, which is adequate care, largely depends on the assessment findings regarding the present condition and present needs and potential of the patient, his family, his home environment and the broad community resources, going along with our ability to fully utilize these resources.

Where possible, the patient is sustained in, or projected back into her own home environment, and failing this, we consider, depending on case, a logical sequence of care facilities, i. e., home of relatives, foster home, residential, personal care home or nursing care institutions. Some of the considerations which are weighed in regard to any home placement are listed here:

1. An evaluation of the patients' attitude to returning home;
2. An adequate medical interpretation by the physician, to the person responsible for providing care, and to the patient (where applicable);
3. An adequate evaluation of the home environment to determine interest and attitudes, and capability of family members and suitability of the physical plant;
4. An adequate interpretation to the family of the assistance and resources available to them in undertaking to provide this care, and the knowledge that this assistance will be provided on a sustained basis;
5. The assistance to be provided to include adequate medical, nursing,

and other para-medical care, financial assistance and psycho-social services;

6. The co-ordination of those supported services to the patient because of his exposure to the many disciplines involved in such a care programme.

In situations where a change to another living environment is necessary, many of the above-mentioned points, are applicable. However, the re-actions of a patient and relatives are frequently more numerous and involved and must be resolved if a maximum adjustment to the new environment is to be obtained and the interest of the family sustained. The new environment in addition to meeting the basic needs of the patient, should, where possible, provide for the patients interest, prejudices, ethnic, linguistic, religious or spiritual, and other needs. It is imperative that these points be assessed prior to placement to ensure compatibility of needs and placement facility, and in addition, there must be an on-going evaluation of suitability as the care needs vary. To sustain the placement, we must ensure again that an adequate medical, psycho-social and financial programme is provided.

Under the Care Services Organization, an assessment grouping of medical, nursing, and social-welfare staff, meet daily to evaluate all the information, medical and social data gathered in regard to each patient, to decide on a programme of care to meet the needs of the patient, and authorize the necessary services, arrangements and expenditures required to provide this programme of care.

On June 1st, 1963, 659 patients were transferred to Care Services from the City of Winnipeg, Health and Welfare Departments. At the end of June the care load for Care Services totalled 1,609; with 1,189 in various care institutions in the Metro area; 277 on care programmes in their own homes, homes of relatives or foster homes; 56 on Medicare with a minor care factor, and a small group still under consideration for processing, placement, determination of financial resources, etc. On November 30th, 1963, this number had slightly increased to 1,208 in various care institutions and 350 on care programmes in the community (own home, relatives home, foster home, etc.).

B. Services to Hospitals:

The Care Services Organization has been providing a service to enable hospitals to discharge patients no longer requiring acute hospital treatment or extended Hospital treatment, to other facilities where various degrees and types of care must be provided and maintained. Those facilities as mentioned above, range from provision of care in the patients' own home, - to placement in a heavy care Nursing Home. In addition, Care Services are now providing a medium, through which hospital services, such as Out Patients Department, at Acute and Rehabilitation Hospitals, or Day Hospital at the Winnipeg Municipal Hospitals, are fully utilized by patients under Care Services jurisdiction.

A consultation service to assist hospitals in the placement of private patients, to other facilities, has been made available, and is being utilized, and we are also attempting to assist hospital clearance by the provision of foster homes for home care to the private patient.

Arrangements have been made with hospitals for the submission of the information required for the proper operation of our programme. This includes

psycho-social and economic information as well as medical and para-medical information. A continuous liaison is being maintained with hospitals at the medical, nursing and social welfare levels, as procedures are altered and improved in an effort to ensure a more efficient joint operation.

C. Service to Care Institutions:

Care Services has been charged with the setting of standards for all phases or elements involved in care in institutions, and with ensuring adherences to the standards and the provision of satisfactory care. In this regard new regulations regarding care in Institutions in the Metro area, were adopted under The Public Health Act in June, when Care Services took over this responsibility from the City of Winnipeg. It is our intention to develop educational programmes which will broaden and refine the scope of care being given within our various facilities.

Care Services has the responsibility for the licensing, certification, and approval of the various types of care facilities now in operation, and is now actively engaged in this matter. Table I and Table II indicate those Care facilities licensed to operate in the Rural areas of the Province, and in Metropolitan Winnipeg, along with the bed capacity.

Close liaison has been maintained with Elderly Persons' Housing, which is now in actuality linked to Care Services, and with Community Agencies such as the Age and Opportunity Bureau; Canadian Mental Health Association (Manitoba Division); Victorian Order of Nurses, etc. Joint programmes have now been entered into, or are under discussion with such agencies as the Manitoba Hospital Commission, the Rehabilitation Hospital, Selkirk Mental Hospital, and Provincial Health Units and Welfare Regions, etc., to assist in the clearance of patients from hospitals; in interchange of patients, and in the involvement of specialized services to improve the functioning level of our many facilities. The Medical and Nursing staff, in addition to assessment procedures, have been involved in the placing of 296 patients in institutions, and 70 patients in foster homes in the community; and have regularly supervised the care of almost 1,700 patients in the various institutions. During the 6 month period, the office recorded 142 patients referred to Care Services from other Welfare District offices; 111 patient deaths in institutions; and 158 admissions of patients from institutions to Hospitals.

TABLE IPROVINCIAL RURAL HOMES

<u>NAME OF HOME</u>	<u>LOCATION</u>	<u>BED CAPACITY</u>
Betel Home Foundation	Gimli	91
Bethania Home	St. Andrews	78
Deloraine Senior Citizens	Deloraine	18
Ebenezer Home	Altona	46
Eventide Home	The Pas	86
Fairview Home	Brandon	177
Foyer Notre Dame Home	Notre Dame de Lourdes	42
Glenboro & Dist. Sr. Citizens	Glenboro	16
Greenland Home	Ste. Anne	22
Lakeview Sr. Citizens	Killarney	42
Menno Home	Grunthal	31
Morris Eventide Home	Rosenort	23
Municipal Farm Home	Portage la Prairie	34
Osborne Home	Neepawa	26
Rest Haven Home	Steinbach	65
St. Benedict's Manor	Arborg	45
St. Paul's Home	Dauphin	25
Ste. Therese Home	Otterburne	36
Salem Home	Winkler	70
Sal. Army Brandon Eventide	Brandon	47
Sal. Army Bullock-Booth Eventide	Brandon	25
Sandy Lake Nursing Home	Sandy Lake	24
Swan River Valley Lodge	Swan River	53
Tabor Home	Morden	33
Westview Lodge	Boissevain	44
Brandon Nursing & Infirmary	Brandon	20
Gibson's Nursing Home	Brandon	5
Holiday Retreat	Portage la Prairie	48
Jeffrey's Home	Neepawa	3
Lady Minto	Minnedosa	22
McCallum Home	Brandon	65
McLeod's Nursing Home	Brandon	4
Margaret Memorial Annex	Brandon	5
Margaret Memorial Home	Carberry	16
Moroz Home	Dauphin	15
Riverbend Home	Souris	16
Selkirk Nursing Home	Selkirk	63
Grandview Senior Citizens	Grandview	12
Shamrock Haven Nursing Home	Killarney	20
Steingard Home	Brandon	22
Sunset Haven	Brandon	20
Sunshine Bay	Brandon	5

TABLE II

METROPOLITAN WINNIPEG HOMES

<u>NAME OF HOME</u>	<u>LOCATION</u>	<u>BED CAPACITY</u>
Convalescent Hospital	676 Jessie Ave.	50
Holy Family Home	165 Aberdeen Ave.	160
Jewish Old Folks Home	146 Magnus Ave.	201
Manitoba Odd Fellows Home	Lot 40 Charleswood	44
Metropolitan Kiwanis Courts Ltd.	Ness Ave. & Ainslie St.	47
Middlechurch Home of Winnipeg	Middlechurch	125
St. Joseph's Residence	160 Salter St.	118
Sal. Army Sunset Lodge	Old Kildonan	57
Tache Hospital	St. Boniface	404
All Saints Nursing Home	15 Osborne St.	46
Arcadia Nursing Home	1 Mayfair Place	40
Baron Nursing Home	66 Smith St.	40
Brandon's Nursing Home No. 15	15 Roslyn Road	45
Brandon's Nursing Home No. 21	21 Roslyn Road	26
Cole Nursing Home	495 Stradbrook	17 (Private only)
Conquist Nursing Home	57 Kennedy St.	20
Curran Nursing Home	29 Roslyn Road	30
Easton Nursing Home	530 Stradbrook	18
Frederickson Nursing Home	165 Maryland St.	28
Maple Leaf Nursing Home Ltd. (Maple Leaf)	107 Balmoral	20
Maple Leaf Nursing Home Ltd. (Shangri-la)	292 Assiniboine	35
Nightingale Nursing Home	123 Mayfair Ave.	48
Osborne Nursing Home	12 Osborne St.	31
Regina Haven	160 Mayfair	31
Rehill Nursing Home	92 Maryland St.	14
St. Augustine Nursing Home	90 Roslyn Road	24
St. Michael's Nursing Home	36 Roslyn Road	28
Stradbrook Nursing Home	499 Stradbrook	21
Thorvaldson Nursing Home	5 Mayfair Place	45
Walsh Nursing Home	60 Roslyn Road	27

PUBLIC HEALTH NURSING SERVICES

Since 1946 Public Health Nursing Services in Manitoba has had responsibility for:

1. developing and maintaining a high quality of organized public health nursing service for the people in Manitoba.
2. developing and administering an effective educational programme for Licensed Practical Nurses.

Because of the large number of activities involved in these two areas of service only a few highlights will be mentioned in this report and will relate to the work of Central Office staff. A report of the work done by Public Health Nurses in the field will be found under sections of Local Health Services, Care Services and Preventive Medical Services.

I. Public Health Nursing

From the meagre beginning of public health nursing services in Manitoba in 1916 when five nurses were employed as nurse assistants for the purpose of investigating health conditions in various parts of the Province to the present day service, there have been many far reaching advances and programme changes. During these years, however, public health nurses have continued to provide a family centered health service to the people of Manitoba. This comprehensive service includes pre-natal and post-natal, infant and preschool health; communicable disease control, immunization, and adult health. Emphasis is placed not only on the absence of disease and infirmities but on physical, mental and social well being.

Personnel

During 1963 the Public Health Nursing staff was strengthened by seven additional nurses bringing the total authorized establishments to 114 assigned as follows:-

Central Office Staff

Director

Educational Director

Nursing Consultants -

(1 on loan to Care Services

Generalized Public Health Nursing 5 (1 on study leave

Venereal Disease Control 1

Tuberculosis Control 1

Field Staff

Local Health Units 94

Venereal Disease Control 2

Care Services 3

Brooklands 1 (part-time)

Grahamdale 1

Areas outside health units 1

Administration

The extent to which public health nursing services may be developed within each health unit is dependent upon the quality and quantity of nursing staff available. During the past year every effort has been made to recruit Registered

Nurses particularly suited to this type of work. Preference is given to those with public health preparation, or who indicate a willingness to take a post-graduate course following a year of employment. Although there has been a marked increase in the number of nurses graduating each year from schools of nursing and an increase in the numbers who apply for public health nursing positions, it is still very difficult to obtain prepared public health nurses for rural areas. This places added responsibilities upon the senior nurses and nursing consultants. To help meet the needs of unprepared staff, and to further develop the knowledge, skills and abilities of all nursing staff, a carefully well-planned orientation experience is provided, effective in-service educational conferences are held on a regular basis, and skillful guidance and direction is given by the nursing consultants through individual and group counselling.

Educational Programmes:-

A. Staff:

The educational programme for staff followed much the same general plan as in past years with two conferences planned for senior nurses in addition to twelve general educational conferences, i.e., six rural and six urban. Conferences were planned on suggestions received from a questionnaire circulated to all staff, and covered such subjects as Tuberculosis Control, Geriatric Care Services, School Health Services, Traffic Safety.

In addition to above many of the nurses took an active part in the 50th Anniversary of the Manitoba Association of Registered Nurses celebrated in May, and the Canadian Public Health Association Annual Meeting also held in Winnipeg in May.

During the year two prenatal institutes were held for public health nurses of Province, city and Victorian Order of Nurses. The institutes were planned jointly with the Director of Maternal and Child Health Services and Public Health Nursing. Lectures were given by our Educational Director, assisted by the Nursing Consultants.

As new programmes develop within the framework of public health services we find the public health nurse being asked to participate and assume added responsibility of providing nursing care. Community Mental Health programmes are no exception. With this in mind plans are presently under way to provide some experience in Community Mental Health for public health nurses.

In-service educational programmes are also carried out at the local level with the Educational Director and Nursing Consultants assisting with programme planning and evaluation.

B. Student Nurses:

With the increased enrolment at the University School of Nursing, it has been necessary to make some changes in the type of field experience provided. During 1963, twenty-five nursing students received experience in home visiting and working with families in local health units. Undergraduate affiliation programmes continue with senior nursing students from the Grace and Misericordia Schools of Nursing spending two weeks in a suburban health unit, Victoria students having five days affiliation and selected students from the Selkirk Hospital for Mental Diseases spending two and a half days observing the activities of the public health nurses in the Selkirk Health Unit.

The experimental programme at Brandon General Hospital School of Nursing continues with students affiliating in their first, second and third years.

Providing suitable field experience for approximately two hundred and fifty student nurses a year means much extra work for an already busy staff but the results are most gratifying. More graduate nurses are seeking public health nursing employment, there is a closer liaison between the hospital and community and staff nurses working with students find the experience interesting and stimulating.

C. Public:

A highlight of the year's educational programme was the television presentation of a series of prenatal classes. These fifteen minute classes were conducted weekly from April to September with an experienced public health nurse leading the discussion. As this was the first series of its kind to be presented on television and as time was so limited a great deal of thought and planning was necessary. Results indicated that the programme was well received by a large viewing audience and met a community need in a new and interesting way.

Nursing Service in Non-Health Unit Areas

Tuberculosis Control

One of the most important factors in a tuberculosis control programme is the maintenance and adequate operation of a central registry. One public health nursing consultant is assigned to this particular area of work. She also assists in the planning of tuberculosis clinics and acts as liaison between hospital and community. During 1963 thirty-four new staff members visited the Registry as a part of their orientation. They were given an insight into the tuberculosis control programme and the role of the public health nurse. Classes on tuberculosis control and the role of the public health nurse in this programme were also given to the University student nurses, and to undergraduate students at the Manitoba Sanatorium and in Schools of Nursing as requested.

Venereal Disease Control

An increase in the incidence of venereal disease with a corresponding increase in the number of patients attending clinics in the St. Boniface Out-patient Department has necessitated having two public health nurses at each clinic to do the necessary interviewing and recording. This with the venereal disease work at the Manitoba Home for Girls, Provincial Gaol and Home of the Good Shepherd left little time for contact tracing and adequate follow-up of delinquent patients. In June 1963, therefore, one additional nurse was assigned to the venereal disease control programme bringing the total nursing establishments to three. In an effort to follow more adequately patients who are reported by private physicians the public health nurse visits local doctors, explains her role in the venereal disease control programme and obtains permission to visit his patients for the purpose of locating contacts. This programme, although very time consuming is important in contact tracing and in controlling the spread of venereal disease. During 1963, 956 persons were named as source or contacts to venereal disease in the Greater Winnipeg area. Of these, 506 were located, 352 were found to require treatment for Gonorrhoea and 47 required treatment for Syphilis. 418 home visits were made to delinquent patients and for contact tracing. One hundred and eighty-one visits were made to the three Institutions and of the 471 girls examined 26 required treatment for Gonorrhoea.

Throughout the year the public health nurses have endeavored to do some health education by discussing with the patient not only venereal disease but other health matters pertaining to the individual and to his or her family's needs. From these interviews patients are referred to other clinics, private physicians and to other Public Health Services or Social Agencies. During the year, also, thirty-one new staff nurses observed at the clinic and discussed the role of the Public Health Nurse in this programme and forty-four medical students spent time at the clinic observing the activities of the medical and nursing staff.

Care Services

In June 1963, the newly organized Care Services programme became effective and a nursing consultant and three senior public health nurses were seconded to this programme, their duties to consist of

- (1) assisting in the assessment and placement of patients in suitable facilities;
- (2) supervision, consultation and evaluation of nursing care in homes and institutions;
- (3) recommending of licensing from a nursing standpoint;
- (4) assisting in the development of a Home Care Programme.

One of the major duties of the public health nurse in Care Services is to assess referrals from the Intake Section of Welfare for presentation at panels. These referrals involve visits to patients in the community, in general hospitals, rehabilitation hospitals, psychiatric hospitals, Central Tuberculosis Clinic and nursing homes. On occasion assessment has to be made in downtown hotels, gaols, Salvation Army Hostels and hospital out-patient departments. In some instances more than one visit is required to fully assess the physical and emotional needs of the patient, and ensure the best possible placement. A progress report is kept for each person admitted to service.

Each nurse is also responsible for the supervision of nursing care in nine or ten nursing homes in the Metropolitan area. These homes are visited on a regular basis for the purpose of giving guidance to personnel dealing with problems in relation to nursing care and behaviour.

Brooklands

By arrangement with the Village of Brooklands one public health nurse is assigned to Brooklands three days per week. A generalized public health nursing programme is carried out but with the steady increase in population the present arrangement is not satisfactory. It is impossible for the nurse to do the necessary school work, child health conferences, immunizations and home visiting working only on a part time basis. Consequently, much of the office work has to be done in off-duty hours.

Grahamdale

This is the only provincial nursing station in operation in Manitoba. The programme here includes bedside nursing in addition to generalized public health nursing. The nurse is on call twenty-four hours a day to visit the sick and see patients who come to the Nursing Station, referring them to the doctor when condition indicates. An outbreak of diphtheria and infectious hepatitis in the Grahamdale area during this past year made it an extremely busy one, and required many hours of overtime on the part of the nurse.

Other Areas

Requests for nursing service in other non-health unit areas are received from the Department of Education, Department of Public Welfare, Psychiatric Services, Child Guidance, hospitals, Tuberculosis Registry, private physicians, and individuals in the community. Every effort is made to meet such requests but with only one nurse available careful planning is essential.

During the past year sterilized equipment and nursing service from central office was supplied to seven part-time health officers for immunization programmes.

II. Practical Nursing

Courses Available

I. One year course for Licensed Practical Nurses consisting of four months in classrooms and eight months' clinical experience provided at two schools:

- 1 - Central School for Practical Nurses at Manitoba Institute of Technology;
- 2 - St. Boniface School for Practical Nurses.

Two classes a year are enrolled in each school. Clinical experience is provided in seventeen hospitals - four of these having been added during 1963.

II. Three year course (psychiatric and practical nurse course) given at Brandon and Selkirk Hospitals for Mental Diseases, and the Portage School.

During 1963 one hundred and fifty-nine students completed the one year course and one hundred and fifty-three were licensed; thirty-seven students completed the three year course and twenty-seven received licences. Of the one hundred and two students enrolled in the course at the Central School 35% were from Greater Winnipeg with 65% coming from areas outside Winnipeg. The graduation exercises on May 3, 1963 took place at the Manitoba Technical Institute with 84 graduates.

A highlight of 1963 was the transfer of the Central School to the new Manitoba Institute of Technology Building. The first class to be accommodated in the bright, spacious classroom holding approximately sixty students began August 6, 1963. All equipment from the old building was transferred, and additional modern equipment for the nursing laboratory was purchased by the Department of Education. The laboratory is now well equipped, attractive in appearance and a pleasure to use.

Many young students continue to display an interest in becoming practical nurses. Fifty-five students are accepted for the January 1964 class at Central School. Sixty students have been accepted for the August 1964 class and ten have already been accepted for January 1965.

For the first time in Manitoba four two-day conferences were conducted in December for all licensed practical nurses. The one hundred and eight-nine nurses registered were divided into four groups and interest shown by the groups were sustained during the two days. Topics discussed were based on suggestions received from the nurses prior to the conference.

On December 13, a conference for Registered Nurses who assist in the clinical areas with practical nurse training programme was held in the practical nursing classrooms at the Manitoba Institute of Technology. Fifty-seven

Registered Nurses attended representing twenty-two hospitals in Manitoba which are used for the practical nurse students.

Practical Nursing Statistics

<u>One Year Course:</u>	<u>Central School</u>	<u>St. Bon. School</u>	<u>Total</u>	<u>Increase or Decrease</u>
Students enrolled in 1963	102	80	182	+ 2
Students who withdrew in 1963	6	6	12	- 19
Students who completed the course in 1963	85	74	159	+ 7
Students who became L. P. N. 's in 1963....	80	73	153	+ 1

Three Year Combined - Psychiatric & Practical Nurse Course:

	<u>Brandon Mental</u>	<u>Portage Mental</u>	<u>Selkirk Mental</u>	<u>Total</u>	<u>Increase or Decrease</u>
Students enrolled in 1963	22	13	20	55	+ 2
Students who withdrew in 1963 ...	13	3	8	24	- 2
Students who completed the course in 1963	9	17	11	37	+ 13
Students who became L. P. N. 's in 1963	8	11	8	27	+ 5

Results of State Board Test Pool - P.N. Licensing Examination - 1963:

Candidates - 204 - Students of Manitoba Practical Nurse Course - 19 Failures	
- 18 - Students with equivalent standing of the Manitoba Practical Nurse Course	- 3
Total 222	Total 22
PASSED - 90.09%	FAILED - 9.90%

New licences issued	172
Licences renewed	1,294
	1,466

Provisional Practical Nurse permits issued ..	236
Exchanged for licence	182
Total number holding a Provisional Practical Nurse permit	54
Total number holding Practical Nurse Licences and Permits	1,520

Provisional Practical Nurse Permits are exchanged for a licence when the applicant has completed requirements for the same.

LICENSED PRACTICAL NURSES ACTIVE IN MANITOBA	1,352
LICENSED PRACTICAL NURSES ACTIVE OUTSIDE MANITOBA...	182
TOTAL	1,534

DENTAL SERVICES

Dental Services achieved considerable success in carrying out its programme on a province-wide basis including the remote areas in the north during 1963.

Co-ordinated by central office, activities were channelled through four regions and involved mobile clinics, established clinics, and various dental health education projects, including participation in conventions and conferences.

REGIONS:

- No. 1. With headquarters at Dauphin -- extensive clinical work has been carried out, especially in the northern areas of the Province, where the need for dental care is great. The Regional Director travelled widely to carry out the school dental health programme, and obtained the services of the radio and T. V. stations in promoting better dental health.
- No. 2. centred at Brandon, the main programme has been directed in carrying out the dental health programme in schools of the southwestern area of the Province. Also, the Regional Director has attended numerous meetings in areas which have shown interest in fluoridation, and pre-fluoridation surveys have been carried out.
- No. 3. based in Winnipeg, and established to service eastern Manitoba.
- No. 4. with headquarters at the Central office, and carried out in Metro Winnipeg (with the exclusion of the City of Winnipeg) -- the past year has shown great progress. The school dental health programme in this region is very extensive.

Following are the highlights of work carried out by Dental Services for 1963: --

DENTAL CLINICS: -- Provision of dental care for school children.

Mobile: In areas where dental care is not available -- all age groups. In areas where dentist care inadequate -- Grades I, II, III, plus emergency care. Pre-clinical examination and educational programme carried out. Through the sponsorship of a local organization, the treatment is provided at the rate of \$40.00 per clinical day.

Arrangements have been made with Indian Health Services, Department of National Health and Welfare, whereby Indian Health Services have agreed to pay our rate of \$40.00 per diem for dental care provided Treaty Indian children.

Dental care for Treaty Indians in certain reserves is being carried out under an arrangement with Indian Health Services, National Health and Welfare. The treatment is being carried out in private dental offices and paid for by the Department of Health, who are fully reimbursed by Indian Health Services, National Health and Welfare.

An arrangement has been reached with the Department of Welfare, whereby we provide dental care for children who are medicare recipients in isolated and semi-isolated areas, and where dental services have been requested to provide dental care for the children of the community, sponsored by the community. We keep these children separately, and we are then reimbursed by the Department of Welfare at the rate of \$40.00 per dental day.

Mobile Clinics:

The following is a record of the activities of our mobile clinics during 1963: --

Number of Clinic Days	514
Number of Schools	52
Number of Children Treated	3,484
Number of Children Completed	2,770
Number of Children Not Requiring Treatment	790
Extractions - Deciduous Teeth	1,630
Extractions - Permanent Teeth	664
Number of Amalgam Fillings	12,014
Number of Cement Fillings	6,372
Number of Silicate Fillings	965
Number of Prophylaxis and Other Treatment	196

Dental Clinics were held at the following locations during the year: --

R. M. De Salaberry (includes 4 schools)	Pikwitonei
St. Pierre (Town)	Cranberry Portage
Eriksdale (includes 3 schools)	Clearwater Colony
Springfield Colony (includes 2 schools)	Milltown Colony
Ashern (includes 4 schools)	Spring Valley Colony
Binscarth	Dearboine Colony
Camp Shilo	New Rosedale Colony
Poplarfield (includes 3 schools)	Swan River
Fisher Branch	Gypsumville Airforce Base
Elie	Pine Dock
Churchill (Fort)	Manigotogan
Churchill (Town)	Camperville (includes 3 schools)
Gillam	Campbellton
Ilford	Clear Creek (Onanole)
Steinbach (includes 3 schools)	Grand Rapids (includes 2 schools)
Thicket Portage	Sandy Lake (includes 2 schools)
Cormorant	

The statistics show a marked increase in the amount of clinical work carried out by Dental Services.

Established Clinics:

These are permanent clinics in Health Units of Greater Winnipeg and at Portage la Prairie -- emphasis on neglected children -- mainly covering Grades I and II. Here again a thorough pre-clinical examination and educational programme is carried out.

Established or permanent clinics are organized in conjunction with the Health Units. Financial support in regard to salaries of personnel is received from various sponsoring agencies. Supplies and certain mobile equipment are supplied by Dental Services. Emphasis is given to a combined educational and treatment programme directed to Grade I children and parents.

Established Clinics:

The following is a record of the activities of our established clinics during 1963: --

Number of Clinic Days	186
Number of Children Treated	1,813
Number of Children Completed	630
Extractions - Deciduous Teeth	792
Extractions - Permanent Teeth	116
Number of Amalgam Fillings	2,147
Number of Cement Fillings	398
Number of Other Fillings	89
Number of Prophylaxis and Other Treatment	65

These clinics were held at the following locations: --
St. James, Fort Garry, East, West and North Kildonan, St. Boniface, Transcona, East St. Paul, and Portage la Prairie.

Dental Care Plan in Association with Manitoba Dental Association

A new dental care programme was developed in conjunction with the Manitoba Dental Association. This programme is designed to make dental care available on a private practice basis in areas where there is no dentist. Dental Services is assisting in the organization of their programme, and are providing the mobile equipment plus transportation of same. Dentists in private practice will staff the clinics and will carry on in the same manner as a resident dentist.

Special Clinic - Mentally Retarded and Handicapped Children

Again this year a special clinic, for the handicapped children in St. Amant Ward, was carried out. This work was done under general anaesthesia. Every child needing dental care had their treatment requirements completed. We feel this is a very worthwhile project.

Hospital Dental Clinics

A close liaison is maintained with the Provincial Psychiatrist and the Medical Directors of the Hospitals for Mental Diseases at Selkirk, Brandon, and the Manitoba School for Mental Defectives at Portage la Prairie.

Equipment has been purchased by the hospital for the new dental clinic at Selkirk Hospital for Mental Diseases, and a similar plan is being carried out for the Manitoba School for Mentally Defective Persons at Portage la Prairie.

DENTAL HEALTH EDUCATION PROGRAMME

Besides the clinical programme, the dental health educational programme has been making great strides. This programme is directed to -- school children, parents, school inspectors, principals and teachers, health unit personnel, public health nutritionists and educators, the dental profession and the public at large.

The great hope for improved dental health lies in a programme of dental education, in which the central theme is prevention.

There were many classroom talks and teacher meetings during the year. The meetings with the Parent-Teacher Associations were well attended.

A seminar on "Dentistry for Children" was carried out the week of February 15, 1963, at Brandon, for dentists in Western Manitoba. Dr. Feasby, Chief, Department of Pedodontics, Faculty of Dentistry, assisted in this seminar. Another took place in March, 1963.

Numerous meetings were held with the Public Health Committee of the Manitoba Dental Association regarding Children's Dental Health Week.

Dental Health Week was carried out the week of March 25 - 31, 1963.

This was the fifth Dental Health Week. This project has been a very successful and worthwhile endeavour in Manitoba, and it was felt that our latest effort was one of the best presented.

During Dental Health Week all media in the field of promotion were extensively used, especially television. All stations in the Province offered their complete co-operation including the station at Yorkton, Saskatchewan, which covers Northern Manitoba. Kits were sent to all schools, -- also used were restaurant place mats, banners, posters, extensive billboard advertising, and all Grade I and II children in the schools of Manitoba were sent button-like stickers bearing the words -- "Children's Dental Health Week" -- "Smile". These proved very popular and the children enjoyed wearing them. We feel Dental Health Week is valuable when such a project is used in conjunction with a continual dental health educational programme.

School Programme:

Number of children examined	22,621
Number of classroom talks, teachers present	836

This programme is directed toward the child, parent and teacher. Children are examined in the schools, dental conditions recorded in generalities and a random sample recorded in detail. Notification cards and educational material are sent home to parents. Talks are given to children, teachers and parents -- films and slides and other visual aides extensively used -- an intensive educational programme.

In rural schools all ages are examined -- in Greater Winnipeg, up to and including Grade IV. This year we are also showing films and giving talks to the Grade VII students. All principals are acquainted with the programme prior to beginning the school programme. School superintendents and inspectors are also informed.

Adult Programme, Including Other Disciplines in Health and Teaching Professions:

In addition to lectures to Teachers' Colleges at Tuxedo and Brandon, Dental Health Week, talks given to public health nurses, teacher groups, dental students (Faculty of Dentistry, Undergraduate Course in Dental Public Health), dentists, etc., the following is a listing of additional dental health education carried on across the province. Excellent co-operation and assistance is received from the Section of Health Education.

Dental Health Films

Number of Speakers	95
Number of Showings	119
Number in Attendance	10,308

Dental Health Pamphlets 86,125

Dental Health Posters 6,295

PUBLIC HEALTH LABORATORY SERVICES

A wide variety of laboratory services are provided in Manitoba under the direction of a central laboratory, "The Fred T. Cadham Public Health Laboratory".

Formerly known as the Provincial Laboratory, this establishment was re-named in 1963 to honor the memory of one of the former directors, Dr. Fred T. Cadham.

This laboratory is staffed by two medically qualified laboratory specialists, a bacteriologist and biochemist with doctorate degrees and a complement of technicians, laboratory assistants and clerical staff comprising a total of thirty-six establishments. A chemist is located in the laboratory of the Brandon Hospital for Mental Diseases where his chief responsibilities concern laboratory services in laboratory and x-ray units in the Western portion of the province. Branch laboratories at Dauphin, Brandon and the Norquay Building in Winnipeg where bacteriology is done, also come under the administrative control of the Cadham Laboratory and the personnel working at these sites are part of the establishment of the Cadham Laboratory.

Services provided include:

- diagnostic bacteriological investigations,
- milk and water examinations,
- syphilis serology,
- food examinations,
- clinical pathology,
- consultative service,
- control programs,
- laboratory training classes,
- research and emergency services.

Diagnostic Bacteriology - directed towards the identification of organisms responsible for various contagions. Each year thousands of specimens are received for examination from physicians, in the form of nose and throat swabs, sputa, urine, feces and wound swabs.

a. Bacteriology of wounds, exudates, etc.

Specimens for:

1. General examination	4,973
2. Examinations for staphylococcal infections	579
3. Antibiotic sensitivity of bacteria	3,752
4. Bacteriophage typing of staphylococci	923

b. Specific Bacteriology

Specimens for:

1. Tubercle bacilli	(1.8% of which were positive)	2,592
2. Gonococci	(8% of which were positive)	3,270
3. Salmonellae and enteropathogenic E. coli, etc.	(11% of which were positive)	2,252
4. Diphtheriae	(1.5% of which were positive)	3,956
5. Hemolytic streptococcus		2,866

Milk and Water Examinations - to establish the potability of milk products and drinking water tests or water from lakes, rivers, private wells, swimming pools and sewage are also done on request.

Milk samples, including branch laboratories at Brandon and Dauphin	11,491
Water samples, including branch laboratories at Brandon and Dauphin	16,749
Restaurant survey swabs, including branch laboratory at Dauphin	1,730

Syphilis Serology - the examination of serum of individuals for the presence of syphilis organisms. Specimens are received from the Provincial Veneral Disease Clinic, private physicians, routine pre-employment checks, and through pre-marital and prenatal examinations.

Serological techniques are also used in the diagnosis of rheumatoid diseases, enteric fevers and infectious mononucleosis.

SYPHILIS SEROLOGY

Blood specimens	81,329
Cerebro-spinal fluid specimens	1,972

NON-SYPHILIS SEROLOGY

a. <u>Rheumatic Diseases</u>	
1. Antistreptolysin titre	2,485
2. C. Reactive Protein	2,756
3. Latex Fixation and Sheep cell Agglutination	3,061
b. <u>Infectious Diseases</u>	
1. Typhoid, Paratyphoid	454
2. Undulant fever (49% of which were positive)	891
3. Infectious mononucleosis (9% of which were positive)	1,304

Food Examinations - investigation of foodstuffs suspected of being responsible for cases of food poisoning.

Clinical Pathology - identification of disease through examination of specimens, performed for laboratory and x-ray units and the Rehabilitation Hospital on request.

Consultative Bacteriology - provides bacteriology services to all physicians and hospitals in Manitoba.

Laboratory Design - provides assistance to other sections of government in the design and equipping of chemical laboratories, and a general consultative service in the field of laboratory medicine.

Applied Research - conducts research in public health methods with respect to laboratory techniques.

Emergency Services - involves transfer of the Cadham Laboratory to the Brandon Hospital for Mental Diseases Laboratory, in the event of a national emergency.

Control Programs - technical assistance and quality control of clinical chemistry to rural laboratory and x-ray units.

Virus Diagnostic Service - provided through co-operation of the Cadham Laboratory and the Virus Laboratory of the University of Manitoba.

Laboratory Supervision and Training

The Cadham Laboratory, with assistance from the Brandon Mental Hospital Laboratory, provides technical assistance and supervision to all laboratories coming under Laboratory and X-ray Unit coverage. Technical advice is provided to other laboratories when requested. In January, 1963, a system of closer laboratory supervision of the Laboratory and X-ray Units was initiated by having senior technician on a full time basis, visit the rural laboratories where he provides technical assistance on a regular schedule. This technician is located at Portage where laboratory reagents are stored after being purchased in large quantities to effect a saving and then are distributed to the various units as needed. This travelling technician works under the immediate technical supervision of the senior members of the Cadham Laboratory staff.

A permanent committee consisting of the Director of Health Services, members of Extension Health Services and personnel from the Cadham Laboratory meets regularly to consider technical and administrative problems arising in Laboratory and X-ray Units. Wherever possible, control procedures are introduced on a scheduled basis to determine the accuracy of results obtained at the local level. The supervising technician is responsible for collecting and tabulating results on control specimens and initiating corrective measures where results found are beyond allowable control limits.

The seventh consecutive class of students has completed its training at the Cadham Laboratory and an eighth class of Government sponsored technicians entered the Manitoba Institute of Technology for Laboratory and X-ray training in September. This class of twenty-seven students, most of whom are taking combined training in both laboratory and x-ray procedures now consists of only twenty-two, because of withdrawals early in the course, but is nevertheless the largest intake of students at any one time by the province. Although these students are trained in both laboratory and x-ray procedures, they are trained in accordance with the curriculum of the Canadian Society of Laboratory Technicians and the Canadian Society of X-Ray Technologists. They are trained specifically for the purpose of staffing the laboratories of small rural hospitals.

To comply with the requirements of the parent licensing bodies and at the same time to train students in both of these disciplines has now resulted in the course extending to a period of from twenty-eight to thirty months.

The largest part of the training consists of the practical affiliation which is received either in the larger hospitals in the City of Winnipeg, the Brandon Mental Hospital or certain larger rural laboratory and x-ray units.

Refresher courses received increasing emphasis during the past year and were well received and appreciated by graduate technicians who attended. The Cadham Laboratory continues to provide instruction in serological techniques for student technicians in training at other hospitals, and our staff are occasionally called upon to provide specialized instruction to students at the Manitoba Institute of Technology. Physicians in training in clinical pathology often spend a period of time at the Cadham Laboratory to acquaint themselves with facets of clinical pathology which are not available to them in other institutions.

NORTHERN HEALTH SERVICES

Since the inception of the organization in 1959, Provincial Northern Health Services have been consolidating a long term program - the purpose of which was to develop an integrated health program combining Public Health with treatment services in the isolated communities located in the sprawling wilderness of northern Manitoba. The medical and health problems of the people in this area were identical with the other inhabitants of Canada's north country, i.e., inadequate medical facilities except in the larger towns, few or no rural medical practitioners, a handful of Public Health Nurses forever travelling and exhausting themselves against a tide of human sickness and affliction, squalor, apathy and indifference.

There were no clinics except in the areas covered by Federal Services. Communications were often sparse and complex. Travelling was hard and difficult involving much time and energy. In addition statutory services regarding Environmental Sanitation had to be supplied by two Public Health Inspectors covering an area of approximately 163,000 square miles, including restaurant inspection, milk control, sanitary controls and quality control in northern Manitoba's fishing industry.

Close liaison and co-operation had to be maintained with other Government Departments, i.e., Mines and Natural Resources, Municipal Affairs, Welfare, Indian Affairs, municipalities, Local Government Districts and commercial fish operators to maintain a co-ordinated and smooth functioning program.

The fundamental requirements for the establishment of Public Health nursing services were laid in 1961/62 with the opening of clinic facilities at Moose and Cedar Lake. At Churchill the Public Health Nurse was fortunate in sharing an office clinic maintained by Indian and Northern Health Services. The Bay Line communities had no clinic buildings. During 1962 buildings were obtained from Manitoba Hydro at Kelsey, dismantled and shipped to four communities. During 1963 these buildings have been erected at Nursing Stations at Wabowden, Thicket Portage and Pikwitonei, and the building at Ilford equipped as a clinic facility. The concept and execution of this project was carried out by one of our Public Health Inspectors with the assistance and co-operation of the individual communities concerned.

With establishment of these facilities, the Public Health Nurse covering this area, has for the first time, suitable accommodation and a base from which to organize her activities.

During the latter part of this year communications have been re-organized and streamlined by the installation of the four 50W Marconi Radio Transmitters operating on M.T.S. frequencies.

The main Nursing Station at Wabowden, which constitutes the Bay Line Nurse's residence, is equipped with telephone and power. Again, for the first time, lay dispensers in these communities can speak to the Doctor in The Pas and request advice and information. Good communications are proving themselves invaluable not only with regard to treatment services but also in the field of Tuberculosis and Venereal Disease Control where contacts have to be located and dispatched for treatment to the nearest large centre.

In the field of Environmental Sanitation, work has been, to a certain extent, attenuated by the shortage of staff. An enormous amount of travelling has to be performed by two Public Health Inspectors on staff at present and in

1963 a pilot scheme in the form of a Trainee Public Health Inspector was initiated. The latter will be attending the Ryerson Institute in Toronto for his formal training early next year.

During 1962 a Federal Aid Program for the training of Indian girls as Nurse's Aids was initiated with partial success. The construction, maintenance and planning of such a program is extremely complex and presented many problems. One of the early problems was recruitment of girls with adequate education and background, sufficiently mature and suitable to withstand the very considerable responsibilities associated with this type of work in communities starved of medical facilities with little or no communication and a small amount of supervision by the Public Health Nurse. We were extremely fortunate in gaining one or two girls who exhibited the necessary qualities - one of them is at present undertaking a Licensed Practical Nursing Course.

In the field of Preventive Medical Services, because of the enormous area involved, Tuberculosis Control and Venereal Disease Control have again supplied us with many problems. However following the improvement of communications, the main task of locating contacts and affecting treatment, has been more effective.

Churchill

Churchill has once again provided a number of extremely difficult problems - some of which have been solved only to recur. During the year a complete survey of the townsite was carried out by the Engineering Department in conjunction with the Public Health Inspector to gain some fundamental data and information on the existing sanitary services. Several meetings were held with the Local Administrator, Local Government District of Consol, Army authorities and the Harbours Board, in an attempt to formulate methods to improve the defective sanitation of the town and adjoining area.

During the month of July an outbreak of Typhoid occurred on the Tidal Flats with four confirmed cases resulting in an emergency mass inoculation programme being put into immediate effect by the Churchill Nurse with the assistance of the Senior Field Nurse and Nurse's Aid. A total of 2,738 Typhoid inoculations were given and emergency water deliveries were organized to the indigent areas of the town.

In the field of Preventive Medicine and Treatment Services, the Churchill Nurse and her assistant were obliged to cope with unusual difficulties with regard to climate, transportation of patients to the local military hospital, a more than usual amount of home visits owing to the deplorable conditions in which most of her patients live, language problems (In connection with this it should be pointed out that she has to utilize two interpreters, Cree and Chippewyan respectively) and a great part of her time is taken up with the administration of Welfare Services. In Churchill the Welfare Services are intimately connected with the Public Health Nurse's duties.

For the greater part of the year a short Public Health program in the appropriate Indian languages has been broadcast by the C.B.C. at Fort Churchill twice weekly. These programs initially appear to be moderately successful and the C.B.C. is thinking of adopting these programs for wider use in their northern areas in English.

Two outstanding problems remain at Churchill: (1) Alcoholism is so wide spread and so devastating in its effects that it can be described as one of the

most profound causes of social disintegration. Its subsequent effect on the health of the community amongst the Indian population cared for by our Public Health Nurse, at Camp 10, D.O.T. Hill and the Tidal Flats is overwhelming.

(2) Pediculosis capitis and its control demands an enormous amount of time from Public Health personnel. This has been met by the employment of an Indian Nurse's Aid who works on this particular problem nearly full time.

An effective spring clean-up campaign was organized in the townsite and on the Tidal Flats. Bulldozers were utilized in the latter area to dispose of enormous piles of assorted refuse. A house to house campaign was conducted by interested citizens of the town in conjunction with the Public Health Inspector and the Acting Director. Three prosecutions, under the Public Health Regulations were necessary.

Grand Rapids

During the past year, Grand Rapids has provided the Department with the routine problems which can be anticipated in a new community growing around a construction site for one of the biggest hydro electric projects in Canada. A survey was carried out of the construction camp early in the year by the Director of Food Control in association with our Public Health Inspector.

There have been numerous problems involving sewage disposal in connection with the hotel, school and trailer parks. Some of these have been solved but others will remain until the pressure on the utilities is reduced with the winding up of the construction project in the fall of 1964.

The Public Health Nurse has directed monthly clinics on the reserve and in the Townsite. These clinics take the form of Child Health Conferences, minor treatments and inoculations. Once again impetigo, pediculosis and scabies remain a formidable problem. In spite of the employment of a Lay Dispenser to help combat its spread in the absence of the Public Health Nurse, 108 children were treated for pediculosis in one school during the month of October. The majority of patients in the town of Grand Rapids and the adjoining reserve attend the medical practitioner situated at Hybord's small hospital on the construction site.

An x-ray survey was carried out in May and there were no new cases of Tuberculosis.

Moose Lake

A monthly visit of the community was carried out by the Public Health Nurse in the area - both treatment clinics and inoculation clinics were held on a regular basis - 227 patients attended health clinics; 146 attended treatment clinics and 60 attended prenatal clinics. Approximately 164 home visits were made by the Public Health Nurse. There is continuous home visiting and treatment of minor ailments by a Nurse's Aid on a daily basis, who dispenses drugs under the direction of the Public Health Nurse and the Acting Director from The Pas.

Earlier in the year difficulty was being experienced with radio communications but subsequently has recently been solved by the hiring of a more powerful transmitter receiver. Liaison and co-ordination of patients' movements to and from larger centres for doctor's appointments and hospital admissions is effective.

The main health problems at Moose Lake appear to be the susceptibility of infants and young children to upper respiratory infections and infections of

the ear, eye, nose and throat. These appear to be unusually high for this particular community and should be further investigated as to whether this is a real or apparent incidence. The usual Public Health nutritional policy of supplementing the diets of infants, young children and expectant mothers with vitamins of iron, is carried out. Again an estimate of 40% of the population have pediculosis although control measures are vigorous and on a continuous basis.

Cedar Lake

In Cedar Lake health standards are lower than in other areas. Most of the homes are of inferior structure. The degree of personal hygiene is not as high as in other communities. Impetigo is endemic and pediculosis afflicts approximately 80% of the population. The incidence of infantile diarrhoea appears to be higher in this community than others. Visiting by Public Health Nurse has been on a monthly basis. 110 children attended health clinics; 136 patients attended treatment services clinics and 54 attended anti-natal clinics. Domiciliary visits amounted to 160 and the schools were visited on a monthly basis. A tuberculosis x-ray survey was carried out in May and 269 persons were x-rayed. There have been two new cases of pulmonary tuberculosis since the x-ray survey. A permanent Nurse's Aid is situated in Cedar Lake who provides drugs and treatment under the instruction of the Public Health Nurse and Acting Director.

Bay Line

The seven Bay Line communities and section houses are served by one Public Health Nurse, one Nurse's Aid full time and five lay-dispensers. Each community presents its own individual problems. It has been found, during the year that those communities nearest The Pas request and receive more attention than those situated at the north end of the Bay Line. This is partially the result of difficulties experienced in radio communications but is also to some extent the result of the education of the people in the communities. As the scope and facilities of a medical service widens so people become educated into utilizing and accepting the services offered.

From the point of view of Public Health Nursing, the Bay Line presents numerous difficulties - it requires a closely integrated program with excellent communications and active and energetic lay-dispensers. Under normal working conditions the Public Health Nurse makes one or two visits a month to each community, developing Child Health Clinics, inoculation programs and minor treatment services, and supervising and assisting the lay-dispensers. Treatment clinics are normally held once a month by the Acting Director. There have been 30 Child Health Clinics held; 140 home visits made; 30 treatment clinics; 135 inoculations and 60 school visits made.

Thompson

Our responsibilities at Thompson at the present time are limited to the field of food control and industrial hygiene. Earlier in the year a food survey of the camp of the International Nickel Company was carried out by the Director of Food Control. Numerous meetings were held with the administrative staff of the International Nickel Company and the Union Officials concerning complaints about the Company's canteen. At one time the services of the Public Health Inspector were requested to make an inspection underground following

complaints of unsanitary practices. These proved unjustified but is an example of the unusual type of work met with by the Public Health Inspectors in the north. Routine inspections were carried out of water sewage plants, banquet halls, milk and products.

The Pas

The town of The Pas, which has a population of 5,000, presents different problems to the outlying districts as the Public Health Nurse is obliged to develop a very intensive integrated program in five schools. The school visiting was carried out on a regular monthly basis - 54 school visits were made from August to November of 1963. During school visits pupils are referred to their own general practitioner for minor treatments and check-ups.

Twenty-three patients were referred to Clearwater Lake Hospital for radiography as Tuberculosis contacts. Venereal Disease Control presents considerable difficulties owing to the transient nature of many of the contacts notified - liaison is carried out with Indian and Northern Health Services and the R.C.M.P. During four months 28 notifications were received and 12 contacts located and treated. The Pas nurse holds Child Health Conferences once a week where inoculations and vaccinations are carried out, with an average attendance of 25. In addition The Pas nurse is also responsible for the outlying settlements of Youngs Point, Umpherville Big Eddy, Rahl's Island and the Carrot River Valley. These settlements comprise a heavy load owing to the many instances of poor living conditions and indigency in these communities.

With the approval and assistance of the Director of the Indian and Metis Friendship Centre a clinic has been established there as a pilot scheme to be held on a monthly basis.

In the field of Mental Health, 2 clinics have been held this year and children referred by school teachers for expert psychiatric assessment are seen by appointment. It is hoped that this facility can be further extended and developed as local public interest and demand has been extremely high.

TRAVEL - Period Dec./62 to Nov.63 Inclusive

Except Where Otherwise Marked

	Train	Air	Road	Total	Monthly Av. of miles
Acting Medical Director	2173	19636	5162	26971	2248
Public Health Inspector	1156	11632	16067	28855	2405
Public Health Inspector	2755	6640	6027	15422	1285
Trainee Public Health Inspector	272	824	1209	2305	192
Senior Nurse	3035	8078	1428	12541	1045
Nurse at The Pas		642	3435	4077	340
Nurse on the Bay Line	5529	1473	515	7517	626
Nurse at Churchill			3720	3720	310
Nurse - Moose, Cedar, Grand Rapids	864	6057	2089	9010	751

